

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103532

FILED
May 11, 2004
Secretary of State

Entity Name: LATINO II INSURANCE AGENCY, INC.

Current Principal Place of Business:

4006 N. ARMENIA AVE.
TAMPA, FL 33607

New Principal Place of Business:

5102 N ARMENIA AVE.
TAMPA, FL 33603

Current Mailing Address:

4006 N. ARMENIA AVE.
TAMPA, FL 33607

New Mailing Address:

5102 N ARMENIA AVE.
TAMPA, FL 33603

FEI Number: 59-3541630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEYVA, NANCY C
4006 N. ARMENIA AVE.
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

LEYVA, NANCY C
5102 N. ARMENIA AVE.
TAMPA, FL 33603 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NANCY C LEYVA

05/11/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEYVA, NANCY C
Address: 4006 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: LEON, BELKYS
Address: 4006 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

Title: VTD () Delete
Name: CABALLERO, LILIANA
Address: 4006 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEYVA, NANCY C
Address: 5102 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33603

Title: SD (X) Change () Addition
Name: LEON, BELKYS
Address: 5102 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33603

Title: VTD (X) Change () Addition
Name: CABALLERO, LILIANA
Address: 5102 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY C LEYVA

PD

05/11/2004

Electronic Signature of Signing Officer or Director

Date