

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90209 020 \*\*\*150.00

DOCUMENT # P02000099916

1. Entity Name  
LAFISE INSURANCE AGENCY CORP.



Principal Place of Business Mailing Address

**200 South Biscayne Blvd. Ste. 3750**  
**Miami, FL.33131**

**24071431**



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0798033**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ZAMORA, MARCELA  
701 BRICKELL AVE  
SUITE 1460  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ZAMORA, ROBERTO J SR.
STREET ADDRESS	701 BRICKELL AVE. SUITE 1460
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	ZAMORA, MARCELA
STREET ADDRESS	701 BRICKELL AVE. SUITE 1460
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SEC
NAME	ZAMORA, MARIA J
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1460
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TRES
NAME	ZAMORA, MARCELA
STREET ADDRESS	701 BRICKELL AVE. SUITE 1460
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DIR
NAME	RAMOS, CARLOS O
STREET ADDRESS	701 BRICKELL AVE. SUITE 1460
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04