2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000099916

1. Entity Name
LAFISE INSURANCE AGENCY CORP.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD., STE 3750 MIAMI, FL 33131 US	200 SOUTH BISCAYNE BLVD., STE 3750 SUITE 1460 MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

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
200 SOUTH BISCAYNE BLVD
SUITE 3750
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	200 SOUTH BISCAYNE BLVD, #3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	ZAMORA, MARCELA
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SEC
NAME	ZAMORA, MARIA J
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TRES
NAME	ZAMORA, MARCELA
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DIR
NAME	RAMOS, CARLOS O
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000388840
01/20/06-80014-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 01/12/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #