

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099916

FILED
Feb 08, 2007
Secretary of State

Entity Name: LAFISE INSURANCE AGENCY CORP.

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD., STE 3750
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BLVD., STE 3750
SUITE 1460
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 55-0798033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, MARCELA
200 SOUTH BISCAYNE BLVD
SUITE 3750
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZAMORA, ROBERTO J SR.
Address: 200 SOUTH BISCAYNE BLVD, #3750
City-St-Zip: MIAMI, FL 33131 US

Title: VP () Delete
Name: ZAMORA, MARCELA
Address: 200 SOUTH BISCAYNE BLVD, #3750
City-St-Zip: MIAMI, FL 33131 US

Title: SEC () Delete
Name: ZAMORA, MARIA J
Address: 200 SOUTH BISCAYNE BLVD, #3750
City-St-Zip: MIAMI, FL 33131 US

Title: TRES () Delete
Name: ZAMORA, MARCELA
Address: 200 SOUTH BISCAYNE BLVD, #3750
City-St-Zip: MIAMI, FL 33131 US

Title: DIR (X) Delete
Name: RAMOS, CARLOS O
Address: 200 SOUTH BISCAYNE BLVD, #3750
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERTO J. ZAMORA SR.

P

02/08/2007

Electronic Signature of Signing Officer or Director

_____ Date