

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90207 023 ***150.00

DOCUMENT # G65312 1. Entity Name F.M. LAMADRID INSURANCE, INC.					
Principal Place of Business 8120 CORAL WAY MIAMI, FL 33155 US			Mailing Address 540 SE 6TH ST HIALEAH, FL 33010 US		
2. Principal Place of Business - No P.O. Box # 2450 S.W. 127th Avenue		3. Mailing Address Suite, Apt. #, etc. Suite 215			
City & State MIAMI, FLA.		City & State MIAMI, FLA.			
Zip 33175		Country U.S.A		4. FEI Number 59-2336696	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SEGURA, SANDRA M 540 SE 6TH ST HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEGURA, SANDRA M 540 SE 6TH ST HIALEAH, FL 33010		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEGURA, WARGNER F 540 SE 6TH ST HIALEAH, FL 33010		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEGALLOS, JOSEFINA C 8037 LAKE DRIVE #104 MIAMI, FL 33166		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		☐ Delete		
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: <i>Sandra M. Segura</i> President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

April 7, 2008
 1305222-9209
 Daytime Phone #