2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# G65312

Entity Name: F.M. LAMADRID INSURANCE, INC.

Current Principal Place of Business:

2450 SW 177TH AVENUE
SUITE 215
MIAMI, FL 33175 US

New Principal Place of Business:

2450 SW 137TH AVENUE
SUITE 215
MIAMI, FL 33175 US

Current Mailing Address:

540 SE 6TH ST
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 59-2336696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGURA, SANDRA M
540 SE 6TH ST
HIALEAH, FL 33010 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: SEGURA, SANDRA M
Address: 540 SE 6TH ST
City-St-Zip: HIALEAH, FL 33010 US

Title: VP ( ) Delete
Name: SEGURA, WARGNER F
Address: 540 SE 6TH ST
City-St-Zip: HIALEAH, FL 33010 US

Title: T ( ) Delete
Name: CEGALLOS, JOSEFINA C
Address: 8037 LAKE DRIVE #104
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: CEBALLOS, JOSEFINA C
Address: 8037 LAKE DRIVE #104
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA M. SEGURA P 04/30/2009

Electronic Signature of Signing Officer or Director Date