

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2011
Secretary of State

Entity Name: LAFISE INSURANCE AGENCY CORP.

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD.
3550
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BLVD.
3550
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 3550
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

OFFICERS AND DIRECTORS:

Title: P
Name: ZAMORA, ROBERTO J SR.
Address: 200 SOUTH BISCAYNE BLVD, #3550
City-St-Zip: MIAMI, FL 33131 US

Title: VP
Name: ZAMORA, MARCELA
Address: 200 SOUTH BISCAYNE BLVD, #3550
City-St-Zip: MIAMI, FL 33131 US

Title: SEC
Name: ZAMORA, MARIA J
Address: 200 SOUTH BISCAYNE BLVD, #3550
City-St-Zip: MIAMI, FL 33131 US

Title: TRES
Name: ZAMORA, MARCELA
Address: 200 SOUTH BISCAYNE BLVD, #3550
City-St-Zip: MIAMI, FL 33131 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERTO ZAMORA

P

01/10/2011

Electronic Signature of Signing Officer or Director

Date