

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099916

Entity Name: LAFISE INSURANCE AGENCY CORP.

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD.
3550
MIAMI, FL 33131

Current Mailing Address:

200 SOUTH BISCAYNE BLVD.
3550
MIAMI, FL 33131 US

FEI Number: 55-0798033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMORA, MARCELA
200 SOUTH BISCAYNE BLVD
SUITE 3550
MIAMI, FL 33131 US

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

Officer/Director Detail :

Title P
Name ZAMORA, ROBERTO JSR.
Address 200 SOUTH BISCAYNE BLVD, #3550
City-State-Zip: MIAMI FL 33131

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

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

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

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

PRESIDENT

03/14/2013

Electronic Signature of Signing Officer/Director Detail

Date