2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 402548

Entity Name: LATIN AMERICAN MUTUAL INSURANCE AGENCY,INC

Current Principal Place of Business:

285 N.W. 27 AVE.
#23
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 35-1088
MIAMI, FL 331357088 US

New Mailing Address:

FEI Number: 59-1492930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, HENRY
285 N.W. 27TH AVE., SUITE #23
MIAMI, FL 33125 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: PDT ( ) Delete
Name: GONZALEZ, HENRY
Address: 285 N.W. 27 AVE. , STE #23
City-St-Zip: MIAMI, FL 33125

Title: VPST ( ) Delete
Name: GONZALEZ, HENRY
Address: 285 NW 27TH AVE., SUITE #23
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: HENRY GONZALEZ PRE 04/06/2009

Electronic Signature of Signing Officer or Director Date