

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006620 1. Entity Name LUSO-AMERICAN LIFE INSURANCE SOCIETY, INCORPORATED	
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Principal Place of Business 7080 DONLON WAY SUITE 200 DUBLIN, CA 94568	Mailing Address 7080 DONLON WAY SUITE 200 DUBLIN, CA 94568
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01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 94-0401313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRERO, PAULA C
 12024 STOLL MEADOW DRIVE
 CLERMONT, FL 34711

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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 NO CHANGE DATE January 9, 2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM VIEIRA, ALBERT 1962 LIBERTY STREET SANTA CLARA, CA 95050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHM FURTADO, EDITE 201 COMMON STREET QUINCY ARA, MA 02169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUZA, FRANK X JR 4217 ST. ANDREWS STREET STOCKTON, CA 95219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXV MINHOTO, MANUEL A 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOARES, J. LARRY 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE MELO, DONALDA 7080 DONLON WAY, SUITE 200 DUBLIN, CA 94568

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 01/25/07-80035-006 61.25

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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 617, 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.

(925) 828-4884

SIGNATURE: J. Larry Soares J. Larry Soares, V.P./Secretary January 9, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #