

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000958

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: SEGUROS SIN BARRERAS INSURANCE AGENCY, INC.

## Current Principal Place of Business:

640 S SAN VICENTE BLVD  
LOS ANGELES, CA 90048

## New Principal Place of Business:

6380 WILSHIRE BLVD  
1400  
LOS ANGELES, CA 90048

## Current Mailing Address:

640 S SAN VICENTE BLVD  
LOS ANGELES, CA 90048

## New Mailing Address:

6380 WILSHIRE BLVD  
1400  
LOS ANGELES, CA 90048

FEI Number: 16-1758417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES INC  
2731 EXECUTIVE PARK DR SUITE 4  
WESTON, FL 33331 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: DPS ( ) Delete  
Name: RICO, VALERIA  
Address: 640 S SAN VICENTE BLVD  
City-St-Zip: LOS ANGELES, CA 90048

Title: V ( ) Delete  
Name: IGNACZAK, ANTHONY R  
Address: 640 S SAN VICENTE BLVD  
City-St-Zip: LOS ANGELES, CA 90048

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: RICO, VALERIA  
Address: 6380 WILSHIRE BLVD #1400  
City-St-Zip: LOS ANGELES, CA 90048

Title: CFO (X) Change ( ) Addition  
Name: RO, ROBERT  
Address: 6380 WILSHIRE BLVD #1400  
City-St-Zip: LOS ANGELES, CA 90048

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: ROBERT RO

CFO

02/06/2009

Electronic Signature of Signing Officer or Director

Date