

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002348

FILED
Jan 11, 2010
Secretary of State

Entity Name: FIRSTBANK INSURANCE AGENCY, INC.

Current Principal Place of Business:

300 FELISA RINCON AVE., SUITE 36
LAS VISTAS SHOPPING VILLAGE
SAN JUAN, PR 00926

New Principal Place of Business:

#300 FELISA RINCON AVE., SUITE 36
LAS VISTAS SHOPPING VILLAGE
SAN JUAN, PR 00926

Current Mailing Address:

300 FELISA RINCON AVE., SUITE 36
LAS VISTAS SHOPPING VILLAGE
SAN JUAN, PR 00926

New Mailing Address:

PO BOX 9146
SAN JUAN, PR 00908

FEI Number: 66-0577926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLC RISK SERVICES, INC.
2332 GALEANO ST., 2ND FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CLC RISK SERVICES, INC.
2332 GALIANO ST., 2ND FLOOR
CORAL GABLES, FL 33134 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: MANUEL RUIZ III, MANAGER/DIRECTOR

01/11/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: SANTIAGO, VICTOR J
Address: #300 AVE FELISA RINCON, SUITE 36
City-St-Zip: SAN JUAN, PR 00926

Title: C
Name: ALEMAN, AURELIO
Address: 1519 AVE PONCE DE LEON, PISO PH, PDA 23
City-St-Zip: SAN JUAN, PR 00908

Title: D
Name: BERGES, ORLANDO
Address: 1519 AVE PONCE DE LEON, PISO PH.PDA. 23
City-St-Zip: SAN JUAN, PR 00908

Title: D
Name: GONZALEZ, JOSE J
Address: #300 AVE FELISA RINCON, SUITE 36
City-St-Zip: SAN JUAN, PR 00926

Title: S
Name: DEL PINO, JORGE
Address: 1519 AVE PONCE DE LEON, PISO 9, PDA 23
City-St-Zip: SAN JUAN, PR 00908

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: VICTOR J. SANTIAGO

PD

01/11/2010

Electronic Signature of Signing Officer or Director

Date