

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002348

FILED
Mar 14, 2011
Secretary of State

Entity Name: FIRSTBANK INSURANCE AGENCY, INC.

Current Principal Place of Business:

#1130 AVE. MUNOZ RIVERA, PISO 2
FIRSTBANK CENTRO DE SERVICIOS
RIO PIEDRAS, PUERTO RICO, XX 00929

New Principal Place of Business:

#1130 AVE. MUNOZ RIVERA, PISO 2
FIRSTBANK CENTRO DE SERVICIOS
RIO PIEDRAS, PR 00929

Current Mailing Address:

PO BOX 9146
SAN JUAN, PR 00908

New Mailing Address:

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 GALIANO ST., 2ND FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CLC RISK SERVICES, INC.
2655 S LE JEUNE ROAD
SUITE 908
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

03/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SANTIAGO, VICTOR J
Address: #1130 AVE. MUNIZ RIVERA, PISO 2
City-St-Zip: RIO PIEDRAS, PUERTO RICO, 00929

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: #1130 AVE. MUNIZ RIVERA, PISO 2
City-St-Zip: RIO PIEDRAS, PUERTO RICO, 00929

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

Title: D
Name: CASSAN, PANCHAM
Address: 5511 CURACAO GADE
City-St-Zip: SAINT THOMAS, VI 00802

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

03/14/2011

Electronic Signature of Signing Officer or Director

Date