2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002348

Entity Name: FIRSTBANK INSURANCE AGENCY, INC.

FILED Apr 13, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
- a	iton i inicipal i lace di Dacinico

#1130 AVE. MUNOZ RIVERA, PISO 2 #1130 AVE. MUNOZ RIVERA, PISO 2 FIRSTBANK CENTRO DE SERVICIOS FIRSTBANK CENTRO DE SERVICIOS

RIO PIEDRAS, PR 00929 SAN JUAN, PR 00929

Current Mailing Address: 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: 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.

III the State of Florid

SIGNATURE: Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: SANTIAGO, VICTOR J

Address: #1130 AVE. MUNOZ RIVERA, PISO 2

City-St-Zip: SAN JUAN, PR 00929

Title: C

Name: ALEMAN, AURELIO

Address: 1519 AVE PONCE DE LEON, PISO PH, PDA 23

City-St-Zip: SAN JUAN, PR 00908

Title:

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. MUNOZ RIVERA, PISO 2

City-St-Zip: SAN JUAN, PR 00929

Title:

Name: DEL PINO, JORGE

Address: 1519 AVE PONCE DE LEON, PISO 9, PDA 23

City-St-Zip: SAN JUAN, PR 00908

Title:

Name: CASSAN, PANCHAM

Address: 1519 AVE PONCE DE LEON, PISO PH, 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 SANTIAGO PD 04/13/2012