

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # J85165

1. Entity Name
AMSTAR INSURANCE COMPANY



Principal Place of Business
**5959 BLUE LAGOON DRIVE, STE 400
MIAMI, FL 33126**

Mailing Address
**5959 BLUE LAGOON DRIVE, STE 400
MIAMI, FL 33126**



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0156603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE ZARRAGA, GASTON S
STREET ADDRESS	8202 LOS PINOS CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	D
NAME	FERNANDEZ-SILVA, JORGE
STREET ADDRESS	8041 SW 54 COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	T
NAME	FENTON, MARIA DEL C
STREET ADDRESS	5959 BLUE LAGOON DR, SUITE 400
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	HUERTAS, ANTONIO
STREET ADDRESS	CONDO, CONDADO PRINCESS, #301
CITY-ST-ZIP	SAN JUAN, PR 00907
TITLE	PCEO
NAME	TAMAYO, JAIME
STREET ADDRESS	5959 BLUE LAGOON DR, STE 400
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	FANTIS, DENNIS M
STREET ADDRESS	5959 BLUE LAGOON DR, STE 400
CITY-ST-ZIP	MIAMI, FL 33126

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05/17/07-80046-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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 607, 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.

SIGNATURE:

Maria del C Fenton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07
Date

305-529-2000
Daytime Phone #