


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90166 001 \*\*\*158.75

**DOCUMENT # J85204**

1. Entity Name  
**MAPFRE INSURANCE COMPANY OF FLORIDA**



Principal Place of Business <b>6101 BLUE LAGOON DRIVE          SUITE 200          MIAMI, FL 33126 US</b>	Mailing Address <b>6101 BLUE LAGOON DRIVE          SUITE 200          MIAMI, FL 33126 US</b>
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**14003400**



2. Principal Place of Business <b>5959 BLUE LAGOON DR</b>	3. Mailing Address <b>5959 BLUE LAGOON DR</b>
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Suite, Apt. #, etc. <b>SUITE 400</b>	Suite, Apt. #, etc. <b>SUITE 400</b>
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02182005 Chg-P CR2E034 (10/03)

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
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4. FEI Number <b>65-0131982</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33126</b>	Country <b>US</b>	Zip <b>33126</b>	Country <b>US</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
 PO BOX 6200 32314-6200  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00        After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERNANDEZ-SILVA, JORGE 8041 SW 54TH CT. MIAMI, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP HUERTAS, ANTONIO CONDO. CONDADO PRINCESS #301 SAN JUAN, PR 00907</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TERRASA, JUAN A JARDINES DE VEDRUNA 9 SAN JUAN, PR 00928</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEV TAMAYO, JAIME A 6101 BLUE LAGOON DR., STE. 200 MIAMI, FL 33126</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PAGAN, JOSE V EDF. MAPFRE, AVE. CHARDON #7 HATO REY, PR 00918</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DE ZARRAGA, GASTON SR 8202 LOS PINOS CIRCLE CORAL GABLES, FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUERTAS, ANTONIO CONDO.CONDADO PRINCESS #301 SAN JUAN, PR 00907</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FANTIS, DENNIS MCNAIR 5959 BLUE LAGOON DR #400 MIAMI, FL 33126</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO TAMAYO, JAIME 5959 BLUE LAGOON DR #400 MIAMI, FL 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **4/25/05** **305-529-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #