


**2007 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # J85204**  
 1. Entity Name  
**MAPFRE INSURANCE COMPANY OF FLORIDA**




FILED  
 07 SEP 26 PM 3:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 5959 BLUE LAGOON DR      5959 BLUE LAGOON DR  
 SUITE 400      SUITE 400  
 MIAMI, FL 33126 US      MIAMI, FL 33126 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



09252007      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
 65-0131982      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Amended AR is \$61.25**      9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ-SILVA, JORGE 8041 SW 54TH CT. MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUERTAS, ANTONIO CONDO. CONDADO PRINCESS #301 SAN JUAN, PR 00907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANTIS, DENNIS MCNAIR 5959 BLUE LAGOON DR, # 400 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TAMAYO, JAIME A 5959 BLUE LAGOON DR, # 400 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FENTON, MARIA D CARMEN 5959 BLUE LAGOON DR STE 400 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA, GASTON SR 8202 LOS PINOS CIRCLE CORAL GABLES, FL	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andres Jimenez 5959 Blue Lagoon Dr, Ste 400 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Javier Fernandez-Cid 5959 Blue Lagoon Dr, Ste 400 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Lynch 5959 Blue Lagoon Dr, Ste 400 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110181543 10/02/07--01037--008      **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9/25/07</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *María del Carmen Fenton*      9/25/07      305-507-2695  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #