

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90166 002 ***158.75

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04222005 Chg-P CR2E034 (10/03)

DOCUMENT # J88717 1. Entity Name MAPFRE U.S.A. CORP.					
Principal Place of Business 6101 BLUE LAGOON DR., #200 MIAMI, FL 33126			Mailing Address 6101 BLUE LAGOON DR., #200 SUITE 100 MIAMI, FL 33126		
2. Principal Place of Business 5959 BLUE LAGOON DR		3. Mailing Address 5959 BLUE LAGOON DR			
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc. SUITE 400			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33126	Country US	Zip 33126	Country US	4. FEI Number 58-1758351	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAMAYO, JAIME EXC VP 6101 BLUE LAGOON DR., #200 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name TAMAYO, JAIME Street Address (P.O. Box Number is Not Acceptable) 5959 BLUE LAGOON DR SUITE 400 City MIAMI FL Zip Code 33126	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUERTAS, ANTONIO CONDO. CONDADO PRINCESS #301 SAN JUAN, PR		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUERTAS, ANTONIO CONDO.CONDADO PRINCESS #301 SAN JUAN, PR 00907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV TAMAYO, JAIME 6101 BLUE LAGOON DR., STE 200 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TAMAYO, JAIME 5959 BLUE LAGOON DR #400 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGAN, JOSE V EDF. MAPFRE, AVE CHARDON #7 HATO REY, PR 00918		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ-SILVA, JORGE 8041 SW 54TH CT MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA, GASTON S 8202 LOS PINOS CIRCLE CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRASA, JUAN A JARDINES DE VEDRUNA 9 SAN JUAN, PR 00928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANTIS, DENNIS MCNAIR 5959 BLUE LAGOON DR #400 MIAMI, FL 33126	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/25/05 Daytime Phone # 305-529-2000		