

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90197 009 ***158.75

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04182008 Chg-P CR2E034 (12/06)

DOCUMENT # J88717 1. Entity Name MAPFRE U.S.A. CORP.					
Principal Place of Business 5959 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126			Mailing Address 5959 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126		
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		
6. Name and Address of Current Registered Agent TAMAYO, JAIME 5959 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126			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 _____ <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, 2008 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	D <input type="checkbox"/> Delete JIMENEZ, ANDRES 5959 BLUE LAGOON DR, STE 400 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN JOSEPH LYNCH 5959 BLUE LAGOON DR, STE 400 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input type="checkbox"/> Delete TAMAYO, JAIME 5959 BLUE LAGOON DRIVE # 400 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEREMY RICHARD WALLIS 5959 BLUE LAGOON DR, STE 400 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERNANDEZ-CID, JAVIER 5959 BLUE LAGOON DR., SUITE 400 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT ELWIN GIDDINS 5959 BLUE LAGOON DR, STE 400 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERNANDEZ-SILVA, JORGE 8041 SW 54TH CT MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARC MITCHELL TRACT 5959 BLUE LAGOON DR, STE 400 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DE ZARRAGA, GASTON S 8202 LOS PINOS CIRCLE CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FANTIS, DENNIS MCNAIR 5959 BLUE LAGOON DRIVE # 400 MIAMI, FL 33126		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 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: <i>Maria del C. Fenton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/8 1305 507-2695 <small>Date Daytime Phone #</small>		