

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K27483

FILED
Oct 26, 2006
Secretary of State

Entity Name: SUAREZ & ASSOCIATES INSURANCE INC.

Current Principal Place of Business:

8202 NW 103RD STREET
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

1198 W 23 ST
HIALEAH, FL 33010

Current Mailing Address:

8202 NW 103RD STREET
HIALEAH GARDENS, FL 33016

New Mailing Address:

1198 W 23 ST
HIALEAH, FL 33010

FEI Number: 65-0058596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBERTY BUSINESS SERVICES, INC.
8202 NW 103RD STREET
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

SUAREZ, FRANCISCO Z
1198 W 23 ST
HIALEAH, FL 33010 US

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.

SIGNATURE: FRANCISCO Z SUAREZ

10/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUAREZ, FRANCISCO Z
Address: 449 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: TD (X) Delete
Name: GARCIA, SERGIO R
Address: 9713 NW 122ND TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD (X) Delete
Name: GARCIA, JUANA M
Address: 9713 NW 122ND TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SUAREZ, FRANCISCO Z
Address: 449 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO Z SUAREZ

PSTD

10/26/2006

Electronic Signature of Signing Officer or Director

Date