


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90005 019 \*\*\*150.00

<b>DOCUMENT # K58682</b>		
1. Entity Name <b>INSURANCE RESOURCES OF THE AMERICAS, INC.</b>		

Principal Place of Business <b>2699 COLLINS AVENUE 117 MIAMI BEACH, FL 33140 US</b>	Mailing Address <b>2699 COLLINS AVENUE 117 MIAMI BEACH, FL 33140 US</b>
--	--

**34067532**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07192004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0094954</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MENDEZ, EDUARDO E SR. 2699 COLLINS AVE SUITE 117 MIAMI BEACH, FL 33140</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code <b>FL</b>	

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$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	<b>P MENDEZ, EDUARDO E SR. 2699 COLLINS AVENUE, STE 117 MIAMI, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS MENDEZ, DAYRA C 2699 COLLINS AVENUE, STE 117 MIAMI, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHRISTIAN E. MENDEZ VICE PRESIDENT 2699 COLLINS AVE. STE 117 MIAMI FL. 33140</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.

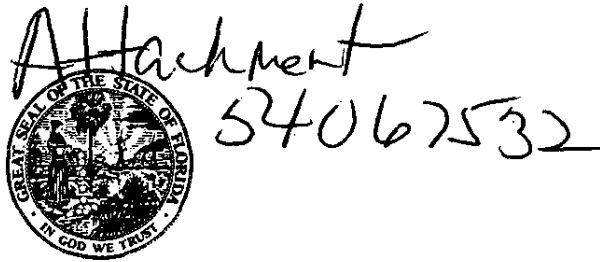
**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature: Eduardo Mendez]* **8/3/04** **305-673-9896**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 19, 2004

INSURANCE RESOURCES OF THE AMERICAS, INC.  
2699 COLLINS AVENUE  
117  
MIAMI BEACH, FL 33140 US

SUBJECT: INSURANCE RESOURCES OF THE AMERICAS, INC.  
Ref. Number: K58682

We have received your document for INSURANCE RESOURCES OF THE AMERICAS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

Please attach letter requesting fee abatement.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 604A00045576

*Attachment*  
*Doc # K58682*  
*54067532*  
Insurance Resources of the Americas, Inc.  
2699 Collins Avenue #117, Miami Beach, FL 33140  
(305) 673-9896 / (800) 995-2372 / (305) 673-0134 Fax

JULY 2, 2004

TO **FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

FROM **EDUARDO E. MENDEZ, PRESIDENT  
INSURANCE RESOURCES OF THE AMERICAS, INC.  
FEIN 65 0094954**

REF **ANNUAL REPORT 2004**

**FOR SOME UNKNOWN REASON WE HAVE NOT RECEIVED OUR ANNUAL  
REPORT FOR THE CURRENT YEAR.**

**WE HAVE PAID FOR THIS REPORT ON TIME FOR THE LAST TEN YEARS OR  
SO, AND EVEN ONCE WE OVER PAID THE FEE AND WAS RETURNED TO US.**

**RESPECTFULLY I REQUEST TO WAIVE ANY PENALTY ON OUR REGULAR  
FEE OF \$150.00, FOR WHICH I AM ATTACHING A CHECK FOR THIS  
AMOUNT TO KEEP OUR CASE CURRENT.**

**I TAKE THE OPPORTUNITY TO FILE ALSO AN-ADDITIONAL PERSON TO BE  
ADDED TO OUR CORPORATION.**

**CHRISTIAN E. MENDEZ / VICEPRESIDENT / 720 NE 170 STREET NORTH  
MIAMI, FL. 33162.**

**THANK YOU KINDLY FOR YOUR EFFORT ON THIS MATTER.**

**SINCERELY**

  
**EDUARDO E. MENDEZ  
AKA MR. PANAMA**