

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90165 011 ***150.00

DOCUMENT # K58682

1. Entity Name
INSURANCE RESOURCES OF THE AMERICAS, INC.



Principal Place of Business

**2699 COLLINS AVENUE
117
MIAMI BEACH, FL 33140 US**

Mailing Address

**2699 COLLINS AVENUE
117
MIAMI BEACH, FL 33140 US**



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0094954

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENDEZ, EDUARDO E SR.
2699 COLLINS AVE SUITE 117
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	P MENDEZ, EDUARDO E SR. 2699 COLLINS AVENUE, STE 117 MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS MENDEZ, DAYRA C 2699 COLLINS AVENUE, STE 117 MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENDEZ, CHRISTIAN E CHRISTIAN 2699 COLLINS AVE. STE 117 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05 305 673 9896