

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58682

FILED  
Aug 24, 2006  
Secretary of State

Entity Name: INSURANCE RESOURCES OF THE AMERICAS, INC.

## Current Principal Place of Business:

2699 COLLINS AVENUE  
117  
MIAMI BEACH, FL 33140 US

## New Principal Place of Business:

17830 NE 6 AVE.  
NORTH MIAMI BEACH, FL 33162 US

## Current Mailing Address:

2699 COLLINS AVENUE  
117  
MIAMI BEACH, FL 33140 US

## New Mailing Address:

17830 NE 6 AVE.  
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 65-0094954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MENDEZ, EDUARDO E SR.  
17830 NE 6 AVE.  
NORTH MIAMI BEACH, FL 33162 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: EDUARDO E. MENDEZ

08/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MENDEZ, EDUARDO E SR.  
Address: 2699 COLLINS AVENUE, STE 117  
City-St-Zip: MIAMI, FL 33140

Title: TS ( ) Delete  
Name: MENDEZ, DAYRA C  
Address: 2699 COLLINS AVENUE, STE 117  
City-St-Zip: MIAMI, FL 33140

Title: VP ( ) Delete  
Name: MENDEZ, CHRISTIAN  
Address: 2699 COLLINS AVE. STE 117  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MENDEZ, EDUARDO E SR.  
Address: 17830 NE 6 AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TS (X) Change ( ) Addition  
Name: MENDEZ, DAYRA C  
Address: 17830 NE 6 AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP (X) Change ( ) Addition  
Name: MENDEZ, CHRISTIAN  
Address: 17830 NE 6 AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: EDUARDO E. MENDEZ

P

08/24/2006

Electronic Signature of Signing Officer or Director

Date