2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# K58682

Entity Name: INSURANCE RESOURCES OF THE AMERICAS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

459 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address:

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

New Mailing Address:

459 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 65-0094954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MENDEZ, EDUARDO E SR.
459 NE 167 STREET
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, SR. 03/03/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MENDEZ, EDUARDO E SR.
Address: 459 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VP (X) Change ( ) Addition
Name: MENDEZ, CHRISTIAN
Address: 459 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: TRES ( ) Change (X) Addition
Name: MENDEZ, DAYRA C
Address: 459 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify 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 PRES 03/03/2009
Electronic Signature of Signing Officer or Director Date