


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K78750		
1. Entity Name INTERAMERICAN INSURANCE BROKERS, INC.		

FILED

06 NOV -7 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032006 Chg-P CR2E034 (11/05)

Principal Place of Business 6210 N. FEDERAL HWY FORT LAUDERDALE, FL 33308 US	Mailing Address 6210 N. FEDERAL HWY FORT LAUDERDALE, FL 33308 US
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2. Principal Place of Business 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. Suite 280	3. Mailing Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. Suite 280
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City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
Zip 33309	Country US

4. FEI Number 65-0115518	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIR, HECTOR J. 2655 LE JEUNE RD. STE. 1107 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VICENTINI, LUIS JOSE 6210 N. FEDERAL HWY FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 W CYPRESS CREEK RD. STD 280 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICENTINI, LUIS E. CALLE 3B LA URBINA EDIF. CARACAS 1070-A VENZU, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000021592390 11/07/06--01049--004 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARISMENDI, JUAN B C11.3B LA URBINA EDIF CARACAS 1070-A VENZU, <input checked="" 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 exemptions contained 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 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: 	11/03/06 (954) 938-3510
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

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