2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K78750

FILED Jan 09, 2009 Secretary of State

Entity Name: INTERAMERICAN INSURANCE BROKERS, INC.

Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
800 W CYPRESS CREEK ROAD SUITE 280 FORT LAUDERDALE, FL 33309 US			
Current Mailing Address:	New Mailing Address	::	
800 W CYPRESS CREEK ROAD SUITE 280 FORT LAUDERDALE, FL 33309 US FEI Number: 65-0115518 FEI Number Applied For () FE	:l Number Not Applicable()	Certificate of Status Desired ()	
FEI NUMBER: 03-0113316 FEI NUMBER Applied FOI () FE	i Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
TORRES, OSVALDO F 2525 PONCE DE LEON BLVD., STE. 400 CORAL GABLES, FL 33134 US			
The above named entity submits this statement for the purpo in the State of Florida.	se of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: DVS () Delete Name: VICENTINI, LUIS JOSE Address: 800 W CYPRESS CREEK ROAD, STE. 280 City-St-Zip: FORT LAUDERDALE, FL 33309 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LUIS J. VICENTINI DVS 01/09/2009