

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17703

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: P T L INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

7201 CORAL WAY  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

7201 CORAL WAY  
MIAMI, FL 33155 US

**New Mailing Address:**

FEI Number: 59-2547021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIDAL, JOSE M.  
7320 S.W. 140 AVE.  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

VIDAL, JOSE M.  
7320 S.W. 140 AVE.  
MIAMI, FL 33183 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: JOSE M. VIDAL

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VIDAL, JOSE M.  
Address: 7320 S.W. 140 AVE.  
City-St-Zip: MIAMI, FL 33183

Title: TD ( ) Delete  
Name: VIDAL, CONCHITA  
Address: 7320 S.W. 140 AVE.  
City-St-Zip: MIAMI, FL 33183

Title: VP ( ) Delete  
Name: VIDAL, ALEJANDRO M  
Address: 7417 SW 129 AVE  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VIDAL, JOSE M  
Address: 7320 S.W. 140 AVE.  
City-St-Zip: MIAMI, FL 33183

Title: TD (X) Change ( ) Addition  
Name: VIDAL, CONCHITA  
Address: 7320 S.W. 140 AVE.  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSE M. VIDAL

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date