

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000393

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF INSURANCE PROFESSIONALS CORP.

**Current Principal Place of Business:**

9835 SUNSET DRIVE,  
SUITE 105  
MAIMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

8770 SUNSET DRIVE, #451  
MIAMI, FL 33173 US

**New Mailing Address:**

**FEI Number:** 16-1648548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOCH, HAYDEE R  
7279 W. 24TH AVENUE  
APT. 243  
HIALEAH,, FL 33016 US

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

KOCH, HAYDEE R  
15455 S.W. 86TH TERRACE  
MIAMI, FL 33173 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:

04/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KOCH, HAYDEE R  
Address: 7279 W. 24TH AVENUE, APT. 243  
City-St-Zip: HIALEAH, FL 33016 US

Title: V ( ) Delete  
Name: KOCH, NORMAN R  
Address: 7279 W. 24TH AVENUE, APT. 243  
City-St-Zip: HIALEAH, FL 33016 US

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

Title: P (X) Change ( ) Addition  
Name: KOCH, HAYDEE R  
Address: 15455 S.W. 86TH TERRACE  
City-St-Zip: MIAMI, FL 33173 US

Title: V (X) Change ( ) Addition  
Name: KOCH, NORMAN R  
Address: 15455 S.W. 86TH TERRACE  
City-St-Zip: MIAMI, FL 33173 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAYDEE R. KOCH

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date