

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 27, 2011  
Secretary of State**

DOCUMENT# N10000008630

**Entity Name:** LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF BROWARD COUNTY INC.

**Current Principal Place of Business:**

C/O ADVANCED PROFESSIONAL ACCOUNTING SVCS  
240 LOCK ROAD  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4174  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

**FEI Number:** 27-3456934      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ADVANCED PROFESSIONAL ACCOUNTING SVCS.  
240 LOCK ROAD  
DEERFIELD BEACH, FL 33442 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARCUS, NANCY  
Address: PO BOX 4174  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VP  
Name: SANTIAGO, JOSEPH  
Address: PO BOX 4174  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: T  
Name: MENDEZ, AL  
Address: PO BOX 4174  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: S  
Name: GRODENSKY, JASON  
Address: PO BOX 4174  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH SANTIAGO

VP

07/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date