

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008630

FILED
Apr 11, 2012
Secretary of State

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:

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

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:

ADVANCED PROFESSIONAL SERVICES
240 LOCK ROAD
DEERFIELD BEACH, FL 33442 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: JOSEPH SANTIAGO

04/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SANDERS, BARRY
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: 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

04/11/2012

Electronic Signature of Signing Officer or Director

Date