


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000030589</b>	
1. Entity Name <b>INTERAMERICAN INSURANCE SERVICES, INC.</b>	

Principal Place of Business <b>9301 SW 72ND ST MIAMI, FL 33173</b>	Mailing Address <b>9301 SW 72ND ST MIAMI, FL 33173</b>
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03102006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1000330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LOPEZ ORTEGA, ELIAS D  
9301 SW 72ND ST  
MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LOPEZ, CYNTHIA 9560 SW 137 AVE MIAMI, FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LOPEZ, ELENA 9301 SW 72ND ST MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOPEZ, ELIAS D 9301 SW 72ND STREET MIAMI, FL 33173</b>
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**DO NOT WRITE IN THIS SPACE**

**U000000470270  
03/28/06-80006-024 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/13/06** **(305) 595-4272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #