2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# P02000083316

Entity Name: AMERICAS INSURANCE AGENCY OF TAMPA, INC.

Current Principal Place of Business:

8206 W WATERS AVE
112
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8206 W WATERS AVE
112
TAMPA, FL 33615

New Mailing Address:

FEI Number: 90-0052314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PICHARDO, LEO
10353 LIGHTNER BRIDGE DR.
TAMPA, FL 33626 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 ( ) Delete
Name: PICHARDO, LEO
Address: 10353 LIGHTNER BRIDGE DR
City-St-Zip: TAMPA, FL 33626

Title: VP (X) Delete
Name: PERDOMO, ARIEL S
Address: 4516 CASTAWAY DR. # 4
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: LEO PICHARDO P 03/28/2007

Electronic Signature of Signing Officer or Director — Date