

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000083316

FILED
Oct 25, 2007
Secretary of State

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PICHARDO, LEO
Address: 9811 VAN ST
City-St-Zip: TAMPA, FL 33615

Title: VP () Change (X) Addition
Name: FERNANDEZ, FERNANDO
Address: 9811 VAN ST
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify 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

10/25/2007

Electronic Signature of Signing Officer or Director

Date