# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2005 8:00 am**
**Secretary of State**
04-04-2005 90095 030 ***150.00

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02152005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000099916

1. Entity Name
LAFISE INSURANCE AGENCY CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 200 SOUTH BISCAYNE BLVD., STE 3750<br>MIAMI, FL 33131 US | 200 SOUTH BISCAYNE BLVD., STE 3750<br>SUITE 1460<br>MIAMI, FL 33131 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 55-0798033 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ZAMORA, MARCELA
701 BRICKELL AVE
SUITE 1460
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH BISCAYNE BLVD., STE 3750

City MIAMI FL Zip Code 33131

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)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ZAMORA, ROBERTO J SR.<br>701 BRICKELL AVE. SUITE 1460<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>200 SOUTH BISCAYNE BLVD. #3750<br>MIAMI, FLORIDA 33131 US |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ZAMORA, MARCELA<br>701 BRICKELL AVE. SUITE 1460<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>200 SOUTH BISCAYNE BLVD. #3750<br>MIAMI, FLORIDA 33131 US |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC<br>ZAMORA, MARIA J<br>701 BRICKELL AVENUE, SUITE 1460<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>200 SOUTH BISCAYNE BLVD. #3750<br>MIAMI, FLORIDA 33131 US |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TRES<br>ZAMORA, MARCELA<br>701 BRICKELL AVE. SUITE 1460<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>200 SOUTH BISCAYNE BLVD. #3750<br>MIAMI, FLORIDA 33131 US |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>RAMOS, CARLOS O<br>701 BRICKELL AVE. SUITE 1460<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>200 SOUTH BISCAYNE BLVD. #3750<br>MIAMI, FLORIDA 33131 US |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ 3/31/05 305-374-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #