

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000099916	
1. Entity Name LAFISE INSURANCE AGENCY CORP.	



Principal Place of Business 200 SOUTH BISCAYNE BLVD., STE 3750 MIAMI, FL 33131 US	Mailing Address 200 SOUTH BISCAYNE BLVD., STE 3750 SUITE 1460 MIAMI, FL 33131 US
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 200 SOUTH BISCAYNE BLVD SUITE 3750 MIAMI, FL 33131
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAMORA, ROBERTO J SR. 200 SOUTH BISCAYNE BLVD, #3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAMORA, MARCELA 200 SOUTH BISCAYNE BLVD, #3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ZAMORA, MARIA J 200 SOUTH BISCAYNE BLVD, #3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ZAMORA, MARCELA 200 SOUTH BISCAYNE BLVD, #3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RAMOS, CARLOS O 200 SOUTH BISCAYNE BLVD, #3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/06-80014-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2006

Date

Daytime Phone #