

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063431

FILED
Mar 07, 2006
Secretary of State

Entity Name: AMA INSURANCE ADVISORS, INC.

Current Principal Place of Business:

717 PONCE DE LEON BLVD.
SUITE: 300
CORAL GABLES, FL 33134 US

New Principal Place of Business:

8900 SW 107 AVE
SUITE 200
MIAMI, FL 33176 US

Current Mailing Address:

717 PONCE DE LEON BLVD.
SUITE: 300
CORAL GABLES, FL 33134 US

New Mailing Address:

8900 SW 107 AVE
SUITE 200
MIAMI, FL 33134 US

FEI Number: 20-0037761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMADOR, ARMANDO JR.
717 PONCE DE LEON BLVD.
SUITE: 300
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AMADOR, ARMANDO JR.
8900 SW 107 AVE
SUITE 200
MIAMI, FL 33176 US

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: ARMANDO AMADOR

03/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMADOR, ARMANDO JR.
Address: 717 PONCE DE LEON BLVD. SUITE: 300
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D () Delete
Name: AZCUY, ANA
Address: 717 PONCE DE LEON BLVD. SUITE: 300
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AMADOR, ARMANDO JR.
Address: 8900 SW 107 AVE #200
City-St-Zip: MIAMI, FL 33176 US

Title: D (X) Change () Addition
Name: AZCUY, ANA
Address: 8900 SW 107 AVE #200
City-St-Zip: MIAMI, FL 33176 US

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: ARMANDO AMADOR

PRES

03/07/2006

Electronic Signature of Signing Officer or Director

Date