

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113979

FILED  
May 07, 2009  
Secretary of State

Entity Name: AMERICAN INSURANCE PRODUCTS ADVISORS, INC.

## Current Principal Place of Business:

4005 NW 114 AVE  
26  
DORAL, FL 33178

## New Principal Place of Business:

4005 NW 114 AVE  
26-B  
DORAL, FL 33178

## Current Mailing Address:

4005 NW 114 AVENUE  
26  
MIAMI, FL 33178

## New Mailing Address:

4005 NW 114 AVE  
26-B  
DORAL, FL 33178

FEI Number: 20-0307783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PALACIOS, YERLY  
4005 NW 114 AVENUE  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

SILVA, JOANA  
4005 NW 114 AVENUE  
26-B  
MIAMI, FL 33178 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: JOANA SILVA

05/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: PALACIOS, YERLY  
Address: 4005 NW 114 AVE  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: SILVA, JOANA  
Address: 4005 NW 114 AVE  
City-St-Zip: MIAMI, FL 33178

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: JOANA SILVA

OWNE

05/07/2009

Electronic Signature of Signing Officer or Director

Date