

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113979

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN INSURANCE PRODUCTS ADVISORS, INC.

**Current Principal Place of Business:**

4005 NW 114 AVE  
19  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

4005 NW 114 AVE  
19  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 20-0307783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRIOS, JESSEN  
4005 NW 114 AVENUE  
19  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

SILVA, JOANA  
4005 NW 114 AVENUE  
19  
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

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: SILVA, JOANA  
Address: 4005 NW 114 AVE  
City-St-Zip: MIAMI, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: SILVA, JOANA

P

01/05/2011

Electronic Signature of Signing Officer or Director

Date