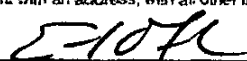


FILED
Jan 27, 2005 8:00 am
Secretary of State

40007606

DOCUMENT # P04000052430				Secretary of State 01-27-2005 90050 045 ***150.00	
1. Entity Name INTER AMERICAN REINSURANCE SERVICES, INC.					
Principal Place of Business 260 CRANDON BLVD, STE G3 KEY BISCAWNE, FL 33149		Mailing Address 260 CRANDON BLVD, STE G3 KEY BISCAWNE, FL 33149		40007606	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-0922459	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD # 221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 registering) DATE _____					
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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VICENTINI, LUIS JOSE		NAME		
STREET ADDRESS	280 CRANDON BLVD, STE G3		STREET ADDRESS		
CITY- ST- ZIP	KEY BISCAWNE, FL 33149		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	VERITAS, RENZO		NAME	VERITA, RENZO	
STREET ADDRESS	260 CRANDON BLVD, STE G3		STREET ADDRESS	260 CRANDON BLVD, SUITE G3	
CITY- ST- ZIP	KEY BISCAWNE, FL 33149		CITY- ST- ZIP	KEY BISCAWNE, FL 33149	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 		01-24-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			