

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000079122

1. Entity Name

LAS AMERICAS INSURANCE, INC



FILED

08 SEP 15 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1316 WEST POINTE VILLAGE  
APT. 204  
WINTER GARDEN, FL 34787

Mailing Address

1316 WEST POINTE VILLAGE  
APT. 204  
WINTER GARDEN, FL 34787

2. Principal Place of Business - No P.O. Box #

12345 West colonial Dr

3. Mailing Address

12345 West colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter garden FL

City & State

Winter garden FL

Zip

34787

Country

Zip

34787

Country

09112008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-0530280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONTEAGUDO, RAUL  
1316 WEST POINTE VILLAGE  
APT. 204  
WINTER GARDEN, FL 34787

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MONTEAGUDO, RAUL  
STREET ADDRESS 1316 WEST POINTE VILLAGE APT. 204  
CITY-ST-ZIP WINTER GARDEN, FL 34787 ☐ Delete

TITLE S  
NAME MONTEAGUDO, RAUL  
STREET ADDRESS 1316 WEST POINTE VILLAGE APT. 204  
CITY-ST-ZIP WINTER GARDEN, FL 34787 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME monteagudo, RAUL  
STREET ADDRESS 15300 W colonial Dr Apt 203  
CITY-ST-ZIP Winter garden, FL 34787

TITLE S ☒ Change ☐ Addition  
NAME monteagudo, RAUL  
STREET ADDRESS 15300 W colonial Dr Apt 203  
CITY-ST-ZIP Winter garden, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200136161622  
09/19/08--01049--020 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 affidavit, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-08

Date

Daytime Phone #