

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000104686

**FILED
Jun 21, 2011
Secretary of State**

Entity Name: LATIN AMERICAN REINSURANCE INTERMEDIARY SERVICES, INC.

Current Principal Place of Business:

1401 SAWGRASS CORPORATE PARKWAY SUITE 131
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1401 SAWGRASS CORPORATE PARKWAY SUITE 131
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 90-0358692 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHMACHTENBERG, LEO C
1533 SUNSET DRIVE SUITE 201
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR
Name: ESCOBAR, LUIS A
Address: 589 PENTA COURT
City-St-Zip: WESTON, FL 33327-241 ES

Title: MRS
Name: PARDO, CHRISTINA
Address: 589 PENTA COURT
City-St-Zip: WESTON, FL 33327-241 ES

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: LUIS A ESCOBAR

Electronic Signature of Signing Officer or Director

MR

06/21/2011

Date