

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007334

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: MIAMI INTERNATIONAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2200 S.W. 16TH STREET  
SUITE 212  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 330396  
MIAMI, FL 33233 US

**New Mailing Address:**

P.O. BOX 374198  
CORAL GABLES, FL 33234 US

FEI Number: 65-0383218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAYETANO, ALFONSO  
2200 S.W. 16TH STREET  
SUITE 212  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: ALFONSO, CAYETANO  
Address: 2200 S.W. 16TH STREET, SUITE 212  
City-St-Zip: MIAMI, FL 33145 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CAYETANO ALFONSO

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02/27/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date