2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027254

Entity Name: LIFE PARTNERS INSURANCE GROUP, CORP.

FILED Feb 01, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	38TH STREET			/ 97TH AVE	NUE	
3RD FLOO			4TH FLC			
DORAL, F	L 33178 US	6	DORAL,	FL 33178	US	
Current M	lailing Addres	s:	New Ma	New Mailing Address:		
9600 NW 38TH STREET			3801 NW	3801 NW 97TH AVENUE		
3RD FLOO			4TH FLC			
DORAL, F	L 33178 US	3	DORAL,	FL 33178	US	
FEI Number:	: 65-0653545	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name ar	nd Address	of New Registered Agent:	
LEYVA, RA 13344 SW MIAMI, FL	1 TERRACE					
	named entity s e of Florida.	submits this statement for the	purpose of changing	g its register	ed office or registered agent, or bot	
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car		Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
Title:	D ()	Delete	Title:		() Change () Addition	
Name:	LEYVA, RAUL V		Name:		()	
Address:	13344 SW 1 TE		Address:			
City-St-Zip:	MIAMI, FL 331		City-St-Zip	:		
Title:	VP ()	Delete	Title:	D	(X) Change () Addition	
Name:	RODRIGUEZ, M		Name:			
Address:	10937 SW 70TH		Address:		RODRIGUEZ, MIGUEL A 14352 SW 40TH TERRACE	
City-St-Zip:	MIAMI, FL 331		City-St-Zip			
Title:	P ()	Delete	Title:	D	(X) Change () Addition	
Name:	DACAS, BRENE		Name:	DACAS, B	• • •	
Address:	15634 NW 12TI		Address:		15634 NW 12TH CT HOLLYWOOD, FL 33028	
City-St-Zip:	HOLLYWOOD,		City-St-Zip			
Title:	T ()	Delete	Title:	D	(X) Change () Addition	
Name:	MONZON, PED		Name:	MONZON, PEDRO		
Address:	14790 SW 43R		Address:		4588 56 LANE	
City-St-Zip:	MIAMI, FL 331		City-St-Zip			
Title:	CST ()	Delete	Title:	D	(X) Change () Addition	
Name:	٠,	UMERO, MARIO	Name:	HERNAND	EZ FUMERO, MARIO	
Address:	7525 SW 72ND	*	Address:	7525 SW	•	

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.

City-St-Zip: MIAMI, FL 33163

SIGNATURE: BRENDA DACAS D 02/01/2008

City-St-Zip: MIAMI, FL 33163