

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075975

FILED
Jan 03, 2006
Secretary of State

Entity Name: LATIN AMERICAN INSURANCE CORP.

Current Principal Place of Business:

13831 SOUTHWEST 59 STREET, SUITE 101
MIAMI, FL 33183

New Principal Place of Business:

12250 SW 132ND CT
SUITE 107
MIAMI, FL 33186 65

Current Mailing Address:

13831 SOUTHWEST 59 STREET, SUITE 101
MIAMI, FL 33183

New Mailing Address:

12250 SW 132ND CT
107
MIAMI, FL 33186 65

FEI Number: 65-0692844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUIS, JUAN F
13831 SW 59 ST
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LUIS, JUAN F
12250 SW 132ND CT
107
MIAMI, FL 33186 US

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:

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUIS, ADELAIDA T
Address: 13831 SOUTHWEST 59 STREET, SUITE 101
City-St-Zip: MIAMI, FL 33183

Title: VD () Delete
Name: ESCOBAR, LAURA
Address: 13831 SOUTHWEST 59 STREET, SUITE 101
City-St-Zip: MIAMI, FL 33183

Title: STD (X) Delete
Name: LUIS, JUAN F
Address: 13831 SOUTHWEST 59 STREET, SUITE 101
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUIS, ADELAIDA T
Address: 12250 SW 132ND CT SUITE 107
City-St-Zip: MIAMI, FL 33186

Title: VD (X) Change () Addition
Name: LUIS, JUAN F
Address: 12250 SOUTHWEST 132ND CT, SUITE 107
City-St-Zip: MIAMI, FL 33186

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ADELAIDA LUIS

D

01/03/2006

Electronic Signature of Signing Officer or Director

Date