

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000017825

Entity Name: AXA RE LATIN AMERICA, INC.

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

1200 BRICKELL AVENUE
SUITE 1700
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVENUE
SUITE 1700
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0738027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINERO, JORGE
1200 BRICKELL AVENUE
SUITE 1700
MIAMI, FL 33131 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: D () Delete
Name: GERHARDT, PETER HANS
Address: 39 RUE DU COLISEE
City-St-Zip: PARIS, FRANCE,

Title: D () Delete
Name: BOIZARD, CHRISTOPHE
Address: 40 RUE DU COLISEE
City-St-Zip: PARIS, FRANCE,

Title: DP () Delete
Name: LINERO, JORGE
Address: 1200 BRICKELL AVE STE 1700
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: CHAVANNES, SANDRO
Address: 1200 BRICKELL AVE. STE. 1700
City-St-Zip: MIAMI, FL 33131

Title: ST () Delete
Name: DELGADO, ARMANDO
Address: 1200 BRICKELL AVE STE 1700
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: LINERO, JORGE
Address: 1200 BRICKELL AVE STE 1700
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHAVANNES, SANDRO

VP

01/31/2006

Electronic Signature of Signing Officer or Director

_____ Date