

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90057 040 \*\*\*150.00

**DOCUMENT # P98000026651**

1. Entity Name  
**FINANCIAL INSURANCE BROKERS, INC.**



Principal Place of Business  
**227 ARAGON AVE  
CORAL GABLES, FL 33134 US**

Mailing Address  
**P.O. BOX 141516  
CORAL GABLES, FL 33114 US**

**40036935**



2. Principal Place of Business - No P.O. Box #  
**2555 Ponce de Leon Blvd**

Suite, Apt. #, etc.  
**Suite 330**

3. Mailing Address  
**Suite, Apt. #, etc.**

03082007 Chg-P CR2E034 (12/06)

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**USA**

City & State  
**City**

Zip  
**Country**

4. FEI Number  
**65-0821998**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE CORCHO, JOSE M  
227 ARAGON AV  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name  
**De Corcho, Jose M**

Street Address (P.O. Box Number is Not Acceptable)  
**2555 Ponce de Leon Blvd**

Suite  
**Suite 330**

City  
**Coral Gables** FL Zip Code  
**33134**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jose M De Corcho** 3/8/07

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	DE CORCHO, JOSE M	227 ARAGON AV	CORAL GABLES, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	De Corcho, Jose M	2555 Ponce de Leon Blvd	Suite 330 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VP Reyes, Michael	2555 Ponce de Leon Blvd, Suite 330	CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jose M De Corcho** 3/8/07 305-441-9932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR