

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065026

FILED
Jan 16, 2006
Secretary of State

Entity Name: INSURANCE AND INVESTMENT ADVISORS, INC.

Current Principal Place of Business:

999 PONCE DE LEON BLVD. #719
CORAL GABLES, FL 33134

New Principal Place of Business:

9705 SW 108 TERRACE
MIAMI, FL 33176

Current Mailing Address:

999 PONCE DE LEON BLVD., #719
CORAL GABLES, FL 33134

New Mailing Address:

9705 SW 108 TERRACE
MIAMI, FL 33176

FEI Number: 65-1007412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, GUILLERMO
999 PONCE DE LEON BLVD., #719
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CASTRO, VICENTE
9705 SW 108 TERRACE
MIAMI, FL 33176 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: GUILLERMO TORRES

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: TORRES, GUILLERMO
Address: 999 PONCE DE LEON BLVD., #719
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CASTRO, VICENTE
Address: 9705 SW 108 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Change (X) Addition
Name: CASTRO, LISA M
Address: 9705 SW 108 TERRACE
City-St-Zip: MIAMI, FL 33176

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: VICENTE CASTRO

PSD

01/16/2006

Electronic Signature of Signing Officer or Director

Date