

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103532

Entity Name: LATINO II INSURANCE AGENCY, INC.

FILED  
May 17, 2007  
Secretary of State

## Current Principal Place of Business:

5102 N ARMENIA AVE.  
TAMPA, FL 33603

## New Principal Place of Business:

6281 W WATERS AVE  
SUITE A  
TAMPA, FL 33634

## Current Mailing Address:

5102 N ARMENIA AVE.  
TAMPA, FL 33603

## New Mailing Address:

6281 W WATERS AVE  
SUITE A  
TAMPA, FL 33634

FEI Number: 59-3541630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEYVA, NANCY C  
5102 N. ARMENIA AVE.  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

LEYVA, NANCY C  
4008 W SITKA ST  
TAMPA, FL 33614 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:

05/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEYVA, NANCY C  
Address: 5102 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: SD ( ) Delete  
Name: LEON, BELKYS  
Address: 5102 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: VTD ( ) Delete  
Name: CABALLERO, LILIANA  
Address: 5102 N. ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEYVA, NANCY C  
Address: 4008 W SITKA ST  
City-St-Zip: TAMPA, FL 33614

Title: SD (X) Change ( ) Addition  
Name: LEON, BELKYS  
Address: 8004 W CAMERON AVE  
City-St-Zip: TAMPA, FL 33614

Title: VTD (X) Change ( ) Addition  
Name: CABALLERO, LILIANA  
Address: 8027 N HALE AVE  
City-St-Zip: TAMPA, FL 33603

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.

SIGNATURE: NANCY C. LEYVA

PRES

05/17/2007

Electronic Signature of Signing Officer or Director

Date