

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047733

FILED
Feb 08, 2005
Secretary of State

Entity Name: HBA INSURANCE GROUP, INC.

Current Principal Place of Business:

2500 NW 79TH AVE
SUITE 101
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2500 NW 79TH AVE
SUITE 101
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-0930028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKHAM, WILLIAM E
2500 NW 79TH AVE SUITE 101
MIAMI, FL 33122 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: DP () Delete
Name: BECKHAM, WILLIAM E
Address: 12500 VIRTUDES STREET
City-St-Zip: MIAMI, FL 33156

Title: DC () Delete
Name: FREYRE, ERNESTO
Address: 605 OCEAN DR, UNIT 2M
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ALVAREZ, FAUSTO
Address: 5991 SW 88ST
City-St-Zip: MIAMI, FL 33114

Title: S () Delete
Name: FREYRE, PEDRO A
Address: 1019 LISBON ST.
City-St-Zip: CORAL GABLES, FL 33134

Title: VT () Delete
Name: MOLL, CARL H
Address: 10060 SHERIDAN ST, APT 109
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: JACOBSON, MARC
Address: 115 E REVO ALTO DRIVE
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DC (X) Change () Addition
Name: FREYRE, ERNESTO
Address: 605 OCEAN DR, UNIT 5K
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: D (X) Change () Addition
Name: MINIET, OSCAR
Address: 2500 NW 79TH AVE. SUITE 101
City-St-Zip: MIAMI, FL 33122

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 Section 119.07(3)(i), 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: CARL H. MOLL

VT

02/08/2005

Electronic Signature of Signing Officer or Director

_____ Date