


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90100 023 ***150.00

DOCUMENT # P99000047733 1. Entity Name HBA INSURANCE GROUP, INC.					
Principal Place of Business 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122			Mailing Address 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312006 Chg-P CR2E034 (11/05) 4. FEI Number 65-0930028	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKHAM, WILLIAM E 2500 NW 79TH AVE. SUITE 101 MIAMI, FL 33122			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECKHAM, WILLIAM E 12500 VIRTUDES STREET MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. RAMON A. RODRIGUEZ 9441 S.W. 146 ST MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FREYRE, ERNESTO 605 OCEAN DR, UNIT 5K KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. MICHAEL KEEBY 15220 S.W. 85 AVE MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALVAREZ, FAUSTO 5991 SW 88ST MIAMI, FL 33114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. CARLOS LACASA 2225 S.W. 132 CT MIAMI, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MINIET, OSCAR 2500 NW 79TH AVE. SUITE 101 MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PATRICIA MENDOZA 10310 S.W. 90 ST MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOLL, CARL H 10060 SHERIDAN ST, APT 109 PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. NORMAN MORRIS 3586 AVOCADO AVE COCONUT GROVE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACOBSON, MARC 115 E REVO ALTO DRIVE MIAMI, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. ALFREDO ANDRIAL 2818 S.W. 143 AL MIAMI, FL 33175	<input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/21/06 Daytime Phone # 305-714-4535		