

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUL -5 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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
4. FEI Number 65-0930028			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  BECKHAM, WILLIAM E 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
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 reappointing)</small> DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 07/10/06--01004--012 **\$61.25			
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. 148 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 SW 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 LAERSA 2225 SW 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 SW 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 SW 143 PL 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: <u>Cory J. CFA/CA/PT/REAS</u> 6/24/06 305-714-4535 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SEE PAGE TWO

ONE OF TWO

Continuation: **Additional Officers and Directors**

<b>Title</b>	<b>V</b>	<input checked="" type="checkbox"/> <b>Addition</b>
<b>Name</b>	<b>Ernesto Sariol</b>	
<b>Street Address</b>	<b>17533 NW 10 Street</b>	
<b>City-St-Zip</b>	<b>Pembroke Pines, Florida 33029</b>	