

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104686

**FILED
Mar 19, 2013
Secretary of State
CC1178338314**

Entity Name: LATIN AMERICAN REINSURANCE INTERMEDIARY SERVICES, INC.

Current Principal Place of Business:

2250 NORTH WEST 136 AV.
SUITE 100
PEMBROKE PINES, FL 33028

Current Mailing Address:

2250 NORTH WEST 136 AV.
SUITE 100
PEMBROKE PINES, FL 33028

FEI Number: 90-0358692

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHMACHTENBERG, LEO C
1533 SUNSET DRIVE SUITE 201
CORAL GABLES, FL 33143 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MR
Name ESCOBAR, LUIS A
Address 589 PENTA COURT
City-State-Zip: WESTON FL 33327

Title MRS
Name PARDO, CHRISTINA
Address 589 PENTA COURT
City-State-Zip: WESTON FL 33327

I hereby 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 all other like empowered.

SIGNATURE: LUIS ESCOBAR

PRESIDENT

03/19/2013

Electronic Signature of Signing Officer/Director Detail

Date