


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90065 034 \*\*\*158.75

<b>DOCUMENT # 181473</b>			
1. Entity Name <b>PROMINENT PROPERTY AND CASUALTY INSURANCE AGENCY, INC.</b>			
Principal Place of Business <b>201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134-5102</b>		Mailing Address <b>201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134-5102</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KERRIGAN, JUANITA I. 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMA, MICHAEL 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134	V TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLETCHER, PATRICIA K. 201 ALHAMBRA CIR CORAL GABLES, FL 33134
PD TITLE NAME STREET ADDRESS CITY-ST-ZIP	GETMAN, DENNIS J. 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134		
VD TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCAIRY, CHARLES 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134		
SD TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERRIGAN, JUANITA 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134		
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: <i>Juanita I. Kerrigan</i>		Secretary 4/25/07 (305) 442-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JUANITA I. KERRIGAN</b>		DATE Daytime Phone #	