

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000039883 1. Entity Name FIRST REINSURANCE MANAGEMENT, INC.	
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Principal Place of Business 13701 S.W. 88TH STREET SUITE 201 MIAMI, FL 33186	Mailing Address 13701 S.W. 88TH STREET SUITE 201 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0943341	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUIJADA, MARGARITA
13701 S.W. 88TH STREET
SUITE 201
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIJADA, MARGARITA 13701 S.W. 88TH STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULTON, MIRIAM 13701 S.W. 88TH STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, BLANCA 13701 S.W. 88TH STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/06-80051-019 150.00

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: MARGARITA QUIJADA 4/17/2006 (305) 383-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____