


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000085320  
 1. Entity Name  
 A SECURITY INSURANCE CORP.



Principal Place of Business      Mailing Address  
 23257 STATE ROAD 7, SUITE 101      23257 STATE ROAD 7, SUITE 101  
 BOCA RATON, FL 33428      BOCA RATON, FL 33428

**DO NOT WRITE IN THIS SPACE**



04042008      No Chg-P      CR2E034 (11/05)

4. FEI Number 20-5149561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ALFA GROUP COMPANY  
 100 EAST LINTON BLVD  
 SUITE 117 B  
 DELRAY BEACH, FL 33483

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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 *Marcia Pereira Da Silva*      DATE 4/4/08  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-issuing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS DA SILVA, MARCIA PEREIRA 20973 SPRINGS TERRACE BOCA RATON, FL 33428
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 04/17/08-80065-009 150.00

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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: *Marcia Pereira Da Silva*      Date 4/4/08      Daytime Phone # 561-487-5115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #