

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085320

FILED  
May 11, 2009  
Secretary of State

Entity Name: A SECURITY INSURANCE CORP.

**Current Principal Place of Business:**

23257 STATE ROAD 7, SUITE 101  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

23257 STATE ROAD 7, SUITE 101  
BOCA RATON, FL 33428

**New Mailing Address:**

20973 SPRINGS TERRACE  
BOCA RATON, FL 33428

FEI Number: 20-5149561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALFA GROUP COMPANY  
100 EAST LINTON BLVD  
SUITE 117 B  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete  
Name: DA SILVA, MARCIA PEREIRA  
Address: 20973 SPRINGS TERRACE  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARCIA DA SILVA

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05/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date