


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000026260
 1. Entity Name
AMERICAN BROTHERS CASUALTY CORPORATION



Principal Place of Business _____ Mailing Address _____
 14481 SW 71 LANE 14481 SW 71 LANE
 14481 SW 71 LANE MIAMI, FL 33183 US
 MIAMI, FL 33183 US

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0410069** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MOLINA BABUN, MARGARITA
 14481 SW 71 LANE
 MIAMI, FL 33183

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BABUN, LINCOLN F
STREET ADDRESS	2841 EAST ORCHARD CIRCLE
CITY-ST-ZIP	DAVIE, FL 333286792
TITLE	VD
NAME	BABUN, MARGARITA
STREET ADDRESS	1435 SW 90 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DS
NAME	BABUN, LIZETTE
STREET ADDRESS	15834 SE 99 TERR
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	TD
NAME	MOLINA, MARGARITA
STREET ADDRESS	14481 SW 71 LANE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

#00000181731
 01/18/05-80009-015 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Babun 1-12-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #