


**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90040 025 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P93000026260</b>			
1. Entity Name <b>AMERICAN BROTHERS CASUALTY CORPORATION</b>			
Principal Place of Business 14481 SW 71 LANE 14481 SW 71 LANE MIAMI, FL 33183 US		Mailing Address P.O. Box 960148 Miami, FL 33296	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 960148	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL 33296	
Zip		Zip	
Country		Country	
4. FEI Number: 65-0410069		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MOLINA BABUN, MARGARITA 14481 SW 71 LANE MIAMI, FL 33183		7. Name and Address of New Registered Agent Name <b>MARGARITA BABUN</b> Street Address (P.O. Box Number is Not Acceptable) <b>14481 SW 71 Lane</b> City <b>MIAMI</b> FL <b>33183</b>	
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 the obligations of registered agent. SIGNATURE: <u>Margarita Babun</u> DATE: <u>01/23/07</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BABUN, LINCOLN F 2841 EAST ORCHARD CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Babun Lincoln 2841 East Orchard Circle Davie, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add Lion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BABUN, MARGARITA 1435 SW 90 ST MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BABUN, LIZETTE 15834 SE 99 TERR MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLINA, MARGARITA 14481 SW 71 LANE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employees.			
SIGNATURE: <u>Margarita Babun</u>		DATE: <u>01/23/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

Ms. Margarita Babun  
14481 SW 71st Ln  
Miami, FL 33183-2135

*Margarita Babun*      2/17/07

ATTACHMENT

66002522

#P93000026260



American Brothers Corporation

February 17, 2007

This is in response of your letter  
February 5, 2007.

Sincerely yours

Margarta B. abun

305-382-2434 off  
305-345-8395 cell