## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000026260

Title:

Name:

Address:

City-St-Zip:

AMERICAN BROTHERS CASUALTY CORPORATION

FILED Jan 08, 2009 Secretary of State

Entity Nam	1e: AMERICAI	N BROTHERS CASUALTY CC	PRPORATION		
Current Pr	incipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
14481 SW 14481 SW MIAMI, FL	71 LANE				
Current Ma	ailing Address	:	New Mailing Add	New Mailing Address:	
P.O. BOX 9 MIAMI, FL					
FEI Number:	65-0410069	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
MOLINA BABUN, MARGARITA 14481 SW 71 LANE MIAMI, FL 33183 US			14481 SW 71 LANI HOUSE	MOLINA BABUN, MARGARITA 14481 SW 71 LANE HOUSE MIAMI, FL 33183 US	
The above in the State		ubmits this statement for the pu	rpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: MARGARITA BABUN				01/08/2009	
	Electroni	Signature of Registered Ager	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I BABUN, LINCOL 2841 EAST ORC DAVIE, FL 3332	HARD CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () I BABUN, MARGA 1435 SW 90 ST MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS () I BABUN, LIZETTE 15834 SE 99 TE MIAMI, FL 3319	RR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARITA BABUN PRES 01/08/2009

() Delete

MOLINA, MARGARITA

14481 SW 71 LANE

MIAMI, FL 33183

() Change () Addition