

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000062567

1. Entity Name

FIRST CAPITAL PROPERTY & CASUALTY CO.



Principal Place of Business

**3510 BISCAYNE BLVD 200
MIAMI, FL 33176**

Mailing Address

**3510 BISCAYNE BLVD 200
MIAMI, FL 33176**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0770915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOGHADDAM, ANVAR B
3510 BISCAYNE BLVD 200
MIAMI, FL 33176**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 D
NAME MOGHADDAM, ANVAR B
STREET ADDRESS 3510 BISCAYNE BLVD 200
CITY-ST-ZIP MIAMI, FL 33176

TITLE D
NAME KAHTIBI, MOHSEN
STREET ADDRESS 3510 BISCAYNE BLVD 200
CITY-ST-ZIP MIAMI, FL 33176

TITLE VP
NAME BASHIRI, KAMBIZ
STREET ADDRESS 3510 BISCAYNE BLVD 200
CITY-ST-ZIP MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000174666
01/10/05-80019-019 150.00

**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)(f), 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-05 (3.5) 576-9930
3730