2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attaching

SIGNATURE

FILED Apr 20, 2004 08:00 AM Secretary of State **DOCUMENT # P98000010426** 1. Entity Name ABCO INSURANCE UNDERWRITERS, INC. Mailing Address Principal Place of Business 350 SEVILLA AVE STE 201 350 SEVILLA AVE STE 201 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 CR2E034 (10/03) 01062004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0812251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SOLMS, WILLIAM O ESQ. DO NOT WRITE 6701 SUNSET DR., STE. 104 MIAMI, FL 33143 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 Squerure, typed or printed name of registered agent and trie if applicable (NCTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10 DP mr FORTUN, HECTOR D NAME STREET ADDRESS 350 SEVILLA AVE STE 201 CORAL GABLES, FL 33134 CITY-ST-ZP 0000001121136 TILE 84/20/04-80038-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZIP with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information to the first one and accurate and that my eignature shall have the same legal effect as if made under oath, that I am an officer or director appropriate to execute this report as recorded by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if symbly an other jue employees. 12. Thereby certify that the information supindicated on this report or supplement of the corporation of the receiver of