

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000026260

**FILED**  
**Feb 14, 2014**  
**Secretary of State**  
**CC0014354447**

**Entity Name:** AMERICAN BROTHERS CASUALTY CORPORATION

**Current Principal Place of Business:**

14481 SW 71 LANE  
14481 SW 71 LANE  
MIAMI, FL 33183

**Current Mailing Address:**

P.O. BOX 960148  
MIAMI, FL 33296 US

**FEI Number:** 65-0410069

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MOLINA BABUN, MARGARITA  
14481 SW 71 LANE  
HOUSE  
MIAMI, FL 33183 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BABUN, LINCOLN  
Address 2841 EAST ORCHARD CIRCLE  
City-State-Zip: DAVIE FL 33328-6792

Title VD  
Name BABUN, MARGARITA  
Address 1435 SW 90 ST  
City-State-Zip: MIAMI FL 33186

Title DS  
Name BABUN, LIZETTE  
Address 15834 SE 99 TERR  
City-State-Zip: MIAMI FL 33196

Title TD  
Name MOLINA, MARGARITA  
Address 14481 SW 71 LANE  
City-State-Zip: MIAMI FL 33183

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARGARITA BABUN

**PRESIDENT**

**02/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date