

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90019 045 ***150.00

DOCUMENT # 686374

1. Entity Name
GENERAL GROUP COVERAGES, INC.



Principal Place of Business
**8450 ARDOCH ROAD
HIALEAH, FL 33016 US**

Mailing Address
**P.O. BOX 171370
HIALEAH, FL 33017-1370 US**



02082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2103542

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

**HARVEST, JOSEPH
8450 ARDOCH ROAD
HIALEAH, FL 33016**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARVEST, JOSEPH 8450 ARDOCH ROAD MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARVEST, MARXFILA 8450 ARDOCH ROAD MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANTOLIN, LOUIS 6531 MAIN STREET, APT 104 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(i), 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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04
Date

305 823 3100
Daytime Phone #