


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90261 033 \*\*\*150.00

**DOCUMENT # J85360**  
 1. Entity Name  
**STAR CASUALTY INSURANCE COMPANY**



Principal Place of Business  
**3750 WEST FLAGLER ST.  
 MIAMI, FL 33134-1602**

Mailing Address  
**3750 WEST FLAGLER ST.  
 MIAMI, FL 33134-1602**

**14009868**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.



04062005 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0071432**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	ESTRELLA, NICOLAS	
STREET ADDRESS	3750 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTRELLA, JOSEFINA	
STREET ADDRESS	3750 W FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LIDIA	
STREET ADDRESS	3750 W FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZAJAC, ALEJANDRO R.	
STREET ADDRESS	3750 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESTRELLA, RICHARD	
STREET ADDRESS	3750 W FLAGLER ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REMUNDO, MARIA	
STREET ADDRESS	3750 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI, FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VIC PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARREN JACOBS</b>	
STREET ADDRESS	<b>3750 W. FLAGLER ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL. 33134</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PABLO G. GARCIA JR.</b>	
STREET ADDRESS	<b>3750 W. FLAGLER ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date: **4-25-05** Daytime Phone #: **305-443-2829**