

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90226 033 ***150.00

DOCUMENT # L24282

1. Entity Name
SOUTHERN GROUP INDEMNITY, INC.



Principal Place of Business
**1769 NW 79TH AVENUE
MIAMI, FL 33126 US**

Mailing Address
**1769 NW 79TH AVENUE
MIAMI, FL 33126 US**

94074200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0224300

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VIVES, MARIO**
STREET ADDRESS **2900 NW 109 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D** ☒ Change ☐ Addition
NAME **VIVES, MARIO**
STREET ADDRESS **1769 NW 79 AVE**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **PSD** ☐ Delete
NAME **GREEN, THOMAS A**
STREET ADDRESS **2900 NW 109 AVE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **PSD** ☒ Change ☐ Addition
NAME **GREEN, THOMAS A**
STREET ADDRESS **1769 NW 79 AVE**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☒ Delete
NAME **MON, JOSE**
STREET ADDRESS **1046 SW 71 CT.**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Change ☐ Addition
NAME **MON, JOSE**
STREET ADDRESS **1046 SW 71 CT.**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Delete
NAME **CARLIN, DONALD**
STREET ADDRESS **3350 S DIXIE HWY**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Change ☐ Addition
NAME **CARLIN, DONALD**
STREET ADDRESS **3350 S DIXIE HWY**
CITY-ST-ZIP **MIAMI, FL**

TITLE **TD** ☐ Delete
NAME **EAWAZ, CARIDAD**
STREET ADDRESS **2900 NW 109 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **TD** ☒ Change ☐ Addition
NAME **EAWAZ, CARIDAD**
STREET ADDRESS **1769 NW 79 AVE**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **V** ☐ Delete
NAME **DEUTSCH, BRYAN**
STREET ADDRESS **2900 NW 109TH AVE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **VD** ☒ Change ☐ Addition
NAME **DEUTSCH, BRYAN W**
STREET ADDRESS **1769 NW 79 AVE**
CITY-ST-ZIP **MIAMI, FL 33126**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario VIVES 4-28-04 305-640-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #