

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24282

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: SOUTHERN GROUP INDEMNITY, INC.

## Current Principal Place of Business:

1769 NW 79TH AVENUE  
MIAMI, FL 33126 US

## New Principal Place of Business:

## Current Mailing Address:

1769 NW 79TH AVENUE  
MIAMI, FL 33126 US

## New Mailing Address:

FEI Number: 65-0224300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VIVES, MARIO,  
Address: 1769 NW 79 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: PSD ( ) Delete  
Name: GREEN, THOMAS A  
Address: 1769 NW 79 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: CARLIN, DONALD  
Address: 3350 S DIXIE HQY  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: EAWAZ, CARIDAD  
Address: 1769 NW 79 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: DEUTSCH, BRYAN  
Address: 1769 NW 79 AVE.  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS A GREEN

PSD

04/23/2005

Electronic Signature of Signing Officer or Director

Date