

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED


06 JUN 22 PM 1:04

SECTION 1
TALLAHASSEE, FLORIDA

800076503958



06022006 Chg-P CR2E034 (11/05)

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	
2. Principal Place of Business 7900 NW 155 ST		3. Mailing Address 7900 NW 155 ST	
Suite, Apt. #, etc. STE 201		Suite, Apt. #, etc. STE 201	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33016	Country U.S.	Zip 33016	Country U.S.
4. FEI Number 65-0224300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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		7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 6200 (32314-6200) 200 E. GAINES ST City TALLAHASSEE FL Zip Code FL 32399-0000	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VIVES, MARIO 1769 NW 79 AVE. MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* SEE ATTACHED EXHIBIT FOR CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLIN, DONALD 3350 S DIXIE HWY MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EAWAZ, CARIDAD 1769 NW 79 AVE. MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEUTSCH, BRYAN 1769 NW 79 AVE. MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jh S Malin</i>		<i>Chilac</i> 800-291-7776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

2083

Exhibit
Changes to Southern Group Indemnity, Inc.

Officers/Directors:

Name

Reginald E. Beane
5088 NW 81st Ave.
Coral Springs, FL 33067

Rene M. Cambert
7900 NW 155 ST, STE 201
Miami Lakes, FL 33016

Luis M. Espinosa
15525 NW 83rd Court
Miami Lakes, FL 33016

Michael Camilleri
2101 NW Corporate Blvd #415
Boca Raton, FL 33431

John Maloney
271 Plymouth Ave.
Brightwaters, NY 11718

Carlos Ernesto Aguero
910 Bailey Court
Westfield, NJ 07090

Marco Gutierrez
7900 NW 155 ST, STE 201
Miami Lakes, FL 33016

Office

President, Director

Treasurer, Vice-President, COO, Director

Secretary, Vice-President, CEO, Director

Vice-President, General Counsel, Director

Vice-President, CFO, Director

Director

Director

303

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Reference: _____
(Sub Account)
Date: 6/22/06
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 224-1585
Contact Name: Kim Pullen, CLA (ext. 5261)

RECEIVED
06 JUN 22 PM 4:26
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATIONS
TALLAHASSEE, FLORIDA

Corporation Name: Southern Group Indemnity, Inc
Entity Number: L 24282
Authorization: Kim Pullen

<input type="checkbox"/> Certified Copy	<input checked="" type="checkbox"/> Plain Stamped Copy	<input type="checkbox"/> Certificate of Status
<input type="checkbox"/> New Filings	<input type="checkbox"/> Amendments	<input checked="" type="checkbox"/> <u>Amended</u> Annual Report
<input type="checkbox"/> Fictitious Name		<input type="checkbox"/> Registration

(<input checked="" type="checkbox"/>) Call When Ready	(<input checked="" type="checkbox"/>) Call if Problem	() After 4:30
(<input checked="" type="checkbox"/>) Walk In	() Will Wait	(<input checked="" type="checkbox"/>) Pick Up

CF Internal Use Only
Client: 49088 Matter: 19599
Name: Beth V. Office: TAL