




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M07448</b> 1. Entity Name <b>SECURITY HEALTH &amp; LIFE INSURANCE, INC.</b>			
Principal Place of Business <b>8000 CORAL WAY MIAMI, FL 33155 US</b>		Mailing Address <b>8000 CORAL WAY MIAMI, FL 33155 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01232007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2477847</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SISTO, ELIDEA 1802 S.W. 103RD PL. MIAMI, FL 33165</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000609214 02/01/07-80042-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, JULIO 1802 SW 103 PL MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SISTO, ELIDEA 1802 SW 103 PL MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, MARIANO 7835 GRAND CANAL DR. MIAMI, FL 33144		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date: <b>1-25-2007</b> (305) 264-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	