

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90038 043 \*\*\*150.00

**DOCUMENT # M13503**

1. Entity Name  
**FEDERAL CASUALTY INSURANCE CORP.**



Principal Place of Business  
**5200 SW B CT  
110  
CORAL GABLES, FL 33134**

Mailing Address  
**P.O. BOX 140687  
CORAL GABLES, FL 33114-0687**

**54009608**



2. Principal Place of Business

**6271 SW 25 ST**

3. Mailing Address

**PO Box 140687**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004

Chg-P

CR2E034 (10/03)

City & State

**MIAMI FL**

City & State

**CORAL GABLES FL**

4. FEI Number

**59-2517880**

Applied For

Not Applicable

Zip

**33155**

Country

**USA**

Zip

**33114-0687**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MIYARES, BERNARDO  
2440 INAGUA AVE  
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name **BERNARDO MIYARES**

Street Address (P.O. Box Number is Not Acceptable)  
**6271 SW 25 STREET**

City **MIAMI**

**FL**

Zip Code

**33155**

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 **Bernardo Miyares**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/18/04**

**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

TITLE **PD** ☐ Delete  
NAME **MIYARES, BERNARDO**  
STREET ADDRESS **2440 INAGUA AVE**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition  
NAME **BERNARDO MIYARES**  
STREET ADDRESS **6271 SW 25 ST**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Bernardo Miyares**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/18/04 305.613.2476**  
Date Daytime Phone #

**BERNARDO MIYARES PRESIDENT**