


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90044 019 ***150.00

DOCUMENT # M13503 1. Entity Name FEDERAL CASUALTY INSURANCE CORP.					
Principal Place of Business 6271 SW 25 ST MIAMI, FL 33155			Mailing Address P.O. BOX 140687 CORAL GABLES, FL 33114-0687		
2. Principal Place of Business 2924 SW 30 COURT # A			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI FLORIDA			City & State		
Zip 33133		Country USA		4. FEI Number 59-2517880	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIYARES, BERNARDO 6271 SW 25 ST. MIAMI, FL 33155				7. Name and Address of New Registered Agent Name BERNARDO MIYARES Street Address (P.O. Box Number is Not Acceptable) 2924 SW 30 COURT # A City MIAMI FL Zip Code 33133	
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 <u><i>Bernardo Miyares</i></u> BERNARDO MIYARES 02/18/2005 <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD MIYARES, BERNARDO 6271 SW 25 ST MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S BERNARDO MIYARES 2924 SW 30 COURT # A MIAMI FLORIDA 33133
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Bernardo Miyares</i></u> BERNARDO MIYARES, PRESIDENT 02/18/2005 (305) 648-0976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50018732



02172005 Chg-P CR2E034 (10/03)