



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90334 020 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # M13503 1. Entity Name FEDERAL CASUALTY INSURANCE CORP. | | | |  | |
| Principal Place of Business 2924 SW 30 COURT # A MIAMI, FL 33133 | | | Mailing Address P.O. BOX 140687 CORAL GABLES, FL 33114-0687 | | |
| 2. Principal Place of Business - No P.O. Box # 2825 GRANADA BLVD | | 3. Mailing Address Suite, Apt. #, etc. 3A | | | |
| City & State CORAL GABLES, FLORIDA | | City & State CORAL GABLES, FL | | 4. FEI Number 59-2517880 | |
| Zip 33134-6355 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MIYARES, BERNARDO 2924 SW 30 COURT # A MIAMI, FL 33133 | | | | 7. Name and Address of New Registered Agent Name BERNARDO MIYARES Street Address (P.O. Box Number is Not Acceptable) 2825 GRANADA BLVD City CORAL GABLES FL Zip Code 33134-6355 | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | DPTS MIYARES, BERNARDO 2924 SW 30 COURT, # A MIAMI, FL 33133 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | POPTS MIYARES, BERNARDO 2825 GRANADA BLVD CORAL GABLES FL 33156-6355 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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:  BERNARDO MIYARES | | | PRESIDENT | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 03/20/2008 (305) 648-0976 Date Daytime Phone # | | |

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