

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90225 011 ***150.00

DOCUMENT # P01000059019 1. Entity Name F & R INSURANCE GROUP, INC.	
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Principal Place of Business 9100 S DADELAND BLVD STE 900 MIAMI, FL 33156	Mailing Address 9100 S DADELAND BLVD STE 900 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE

66018308



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1113248	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GLICK, THOMAS E ESQ
12000 BISCAYNE BLVD #800
NORTH MIAMI, FL 33181**

**DO NOT WRITE
IN THIS SPACE**

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.

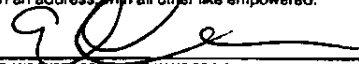
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEINBERG, ELI M 6761 SW 89 TERRACE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, WILLIAM D 301 E. LAS OLAS BLVD. #410 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/19/05 305 670 5555**
Date Daytime Phone #