

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000039883

1. Entity Name
FIRST REINSURANCE MANAGEMENT, INC.



Principal Place of Business

13701 S.W. 88TH STREET
SUITE 201
MIAMI, FL 33186

Mailing Address

13701 S.W. 88TH STREET
SUITE 201
MIAMI, FL 33186



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0943341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUIJADA, MARGARITA
13701 S.W. 88TH STREET
SUITE 201
MIAMI, FL 33186

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME QUIJADA, MARGARITA
STREET ADDRESS 13701 S.W. 88TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE D
NAME FULTON, MIRIAM
STREET ADDRESS 13701 S.W. 88TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE D
NAME RIGGS, BLANCA
STREET ADDRESS 13701 S.W. 88TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/05 305 383 6666
Date Daytime Phone #