

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90036 024 \*\*\*158.75

DOCUMENT # P03000034516

1. Entity Name

A.R.A. CASUALTY INSURANCE COMPANY, INC.



Principal Place of Business

6600 S.W. 57TH AVE.  
 SUITE 200  
 MIAMI FL 33143

Mailing Address

6600 S.W. 57TH AVE.  
 SUITE 200  
 MIAMI FL 33143



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

**1320 S. DIXIE HIGHWAY**

3. Mailing Address

**1320 S. DIXIE HIGHWAY**

Suite, Apt. #, etc.  
**SUITE 241**

Suite, Apt. #, etc.  
**SUITE 241**

City & State  
**CORAL GABLES, FL.**

City & State  
**CORAL GABLES, FL.**

4. FEI Number  
**68-0547002**

Applied For  
 Not Applicable

Zip  
**33146**

Country  
**USA**

Zip  
**33146**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**BRYER, WARREN**  
**6600 SW 57TH AVENUE, SUITE 200**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name  
**WARREN BRYER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1320 S. DIXIE HIGHWAY**  
**SUITE 241**  
 City  
**CORAL GABLES FL** Zip Code  
**33146**

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

**01/24/2008**

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

(NOTE: Registered Agent Signature Required when re-registering)

DATE

**FILE NOW!!! - FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB ABRAHAM, ANTHONY R 6600 SW 57TH AVENUE, STE 200 MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ABRAHAM, JOSEPH G 6600 SW 57TH AVENUE MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALOUF, THOMAS H 6600 SW 57TH AVENUE MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, THOMAS G 6600 SW 57TH AVENUE MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BRYER, WARREN 6600 SW 57TH AVENUE MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, GEORGE J 6600 SW 57TH AVENUE MIAMI FL 33143	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB ABRAHAM, ANTHONY R. 1320 S. DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ABRAHAM, JOSEPH G. 1320 S. DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALOUF, THOMAS H. 1320 S. DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, THOMAS G. 1320 S. DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BRYER, WARREN 1320 S. DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, GEORGE J. 1320 S. DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**01/31/2008 305-665-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #