04/20/04 TUE 10:40 FAX 3052799705 A.S.C. 4/2

FILED
May 10, 2004 8:00 am
Secretary of State
04-22-2004 90062 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000035498

1. Entity Name
SOUTH FLORIDA INSURANCE UNDERWRITERS II, INC.

66420794

Principal Place of Business	Mailing Address
6520 W FLAGLER ST MIAMI, FL 33144	6520 W FLAGLER ST MIAMI, FL 33144

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 47-0914705 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BIRKENWALD, RICHARD ESQ.
17101 NE 19TH AVE, STE 201
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name: Gilberto L. Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 6520 W. Flagler ST.
City: Miami FL Zip Code 33144

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] 4/20/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Gilberto L. Rodriguez	
STREET ADDRESS	6520 W. Flagler ST.	
CITY-ST-ZIP	Miami FL 33144	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/20/04 (305)266-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment to P03000035498 (0604207 94)

[redacted]

RESIGNATION

Gentlemen:

I, RICHARD BIRKENWALD, hereby tender my resignation as Incorporator, of SOUTH FLORIDA INSURANCE UNDERWRITERS II, INC., a Florida corporation, to take effect on 2/27/04 and to be ratified at a meeting of the Board of Directors at which this resignation is accepted.

DATED: 04/19/04

Richard Birkenwald

RICHARD BIRKENWALD

SWORN TO AND SUBSCRIBED before me this 20th day of April, 2004 by RICHARD BIRKENWALD who has produced D.L. as identification.

Sulimy Sabina

NOTARY PUBLIC/STATE OF FLORIDA

My commission expires: 7/30/07

SULIMY SABINA
Comm# DD028614
Expires 7/30/2007
Bonded thru (800)432-4254
Florida Notary Assn., Inc