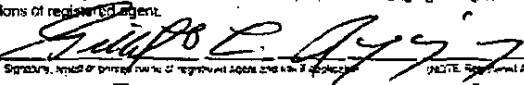
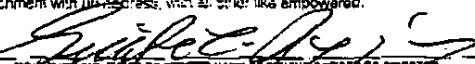


FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90062 048 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000035498			
1. Entity Name SOUTH FLORIDA INSURANCE UNDERWRITERS II, INC.			
Principal Place of Business 6520 W FLAGLER ST MIAMI, FL 33144		Mailing Address 6520 W FLAGLER ST MIAMI, FL 33144	
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 GILBERTO L. RODRIGUEZ 6520 W. FLAGLER ST. MIAMI FL 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, typed or printed name of registered agent and date of signature		DATE 4/24/04 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GILBERTO L. RODRIGUEZ 6520 W. FLAGLER ST. MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(b), 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 my address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/24/04 (305) 246-2626 DATE	

66420794

TOTAL P.02

Apr-19-04 03:16P Adrian D. Ferradaz, Esq. 305-261 0516

P.02

66420794
Attachments 003000035498

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. C. as identification.

Juliey Sabina
NOTARY PUBLIC/STATE OF FLORIDA

My commission expires: 7/30/07

