

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90035 034 ***150.00

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DOCUMENT # P03000038185 1. Entity Name THE FLORIDA INSURANCE GROUP, INC.			
Principal Place of Business 1835 S. PERIMETER ROAD SUITE 165 FORT LAUDERDALE, FL 33309		Mailing Address 1835 S. PERIMETER ROAD SUITE 165 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business Suite, Apt. #, etc.		3. NAME WILLIAM J BLAKESBERG & CO CPAS 951 SW 4TH AVE Suite, Apt. #, etc.	
City & State BOCA RATON, FL		4. FEI Number APPLIED FOR 76-0733078	
Zip 33432		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, JONATHAN ESQ. 2295 NW CORPORATE BLVD. SUITE 117 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name WILLIAM J BLAKESBERG Street Address (P.O. Box Number is Not Acceptable) 951 SW 4th AVE City BOCA RATON FL 33432	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD FEINMAN, STEVEN E <input type="checkbox"/> Delete 1835 S. PERIMETER ROAD #165 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> STEVEN FEINMAN		Date: 2/1/05 Daytime Phone #: 561-750-8300	
PRESIDENT			