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Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90255 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000039414

1. Entity Name
STATE INSURANCE COMPANY GROUP

Principal Place of Business
615 WEST PARK DRIVE #205
MIAMI, FL 33172

Mailing Address
615 WEST PARK DRIVE #205
MIAMI, FL 33172

66414839

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1700 SW 57 Ave	~~1700 SW 57th Ave~~
Suite, Apt. #, etc.: 214	Suite, Apt. #, etc.: ~~214~~
City & State: Miami, FL	City & State: ~~Miami, FL~~
Zip: 33155 Country: Dade	Zip: 33155 Country: Dade

4. FEI Number: 06-1687374 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PAZ, MARIA R
~~615 WEST PARK DRIVE #205~~
~~MIAMI, FL 33172~~

7. Name and Address of New Registered Agent
Name: Maria R. Paz
Street Address (P.O. Box Number is Not Acceptable): 1700 SW 57th Ave #214
City: Miami FL Zip Code: 33155

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, 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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PAZ, MARIA R		NAME	New address
STREET ADDRESS	615 WEST PARK DRIVE #205		STREET ADDRESS	1700 SW 57 Ave #214
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami, FL 33155
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)(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] 4/7/04 786-357-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #