


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90028 040 ***150.00

DOCUMENT # P04000002371	
1. Entity Name FRANKLIN INSURANCE GROUP INC.	

Principal Place of Business 7344 SW 48 STREET 202 MIAMI, FL 33155 US	Mailing Address 7344 SW 48 STREET 202 MIAMI, FL 33155 US
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2. Principal Place of Business - No P.O. Box # 4916 SW 72 Ave Suite, Apt. #, etc. Miami, FL City & State 33155	3. Mailing Address 4916 SW 72 Ave Suite, Apt. #, etc. Miami, FL City & State 33155	4. FEI Number 87-0715772	Applied For <input type="checkbox"/> Not Applicable
Zip 33155	Country USA	Zip 33155	Country USA

60006085



01222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FIGUERAS, JUAN 7050 SW 86 AVENUE MIAMI, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P ROSSIQUE, PATRICIA 7344 SW 48 STREET SUITE 202 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4916 SW 72 Ave Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition addresses only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLO, MARIE C 7344 SW 48 STREET SUITE 202 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4916 SW 72 Ave Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition addresses only
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
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
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
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

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07
Date

Daytime Phone #