

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000002371

1. Entity Name
FRANKLIN INSURANCE GROUP INC.



Principal Place of Business
4916 SW 72 AVE
MIAMI, FL 33155 US

Mailing Address
4916 SW 72 AVE
MIAMI, FL 33155 US

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0715772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUERAS, JUAN
7050 SW 86 AVENUE
MIAMI, FL 33143

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IN THIS SPACE**

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

U00000956339
07/25/08-80003-028 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | P |
| NAME | ROSSIQUE, PATRICIA |
| STREET ADDRESS | 4916 SW 72 AVE |
| CITY-ST-ZIP | MIAMI, FL 33155 |
| TITLE | P |
| NAME | GALLO, MARIE C |
| STREET ADDRESS | 4916 SW 72 AVE |
| CITY-ST-ZIP | MIAMI, FL 33155 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:

Patricia Rossique
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/08 305 462 7776
Date Daytime Phone #