2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000026925

1. Entity Name
ACR INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
11362 MIRAMAR PKWY MIRAMAR, FL 33025	11362 MIRAMAR PKWY MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

04102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2380730	Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALEXANDRA C
1249 NW 159 AVE
PEMBROKE PINES, FL 33028

DO NOT WRITE
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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000908071 05/06/08-80016-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P .
NAME	RODRIGUEZ, ALEXANDRA C
STREET ADDRESS	1249 NW 159 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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: _____   4/15/08   954-441-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #