



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000072217</b> 1. Entity Name <b>MINNILLO INSURANCE GROUP, INC.</b>						<p><b>FILED</b></p> <p><b>07 MAY 23 AM 9:31</b></p> <p>CLERK OF STATE TALLAHASSEE, FLORIDA</p>	
Principal Place of Business <b>5353 LYONS RD. COCONUT CREEK, FL 33073</b>				Mailing Address <b>5353 LYONS RD. COCONUT CREEK, FL 33073</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 05072007    Chg-P    CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>56-2521174</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>MARTINEZ, MARCIE 15331 NW 4TH STREET PEMBROKE PINES, FL 33028</b>			
7. Name and Address of New Registered Agent							
Name							
Street Address (P.O. Box Number is Not Acceptable)							
City				FL    Zip Code			
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>							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, MARCIE			NAME	500103921605		
STREET ADDRESS	15331 NW 4TH STREET			STREET ADDRESS	05/05/07--01051--014 **158.75		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028			CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, ERNESTO			NAME			
STREET ADDRESS	15331 NW 4TH STREET			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33028			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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.							
<b>SIGNATURE:</b> <i>Marcie Martinez</i> <b>MARCIE MARTINEZ</b> 5/7/07 954-977-8888				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #			