

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127858

FILED
Jan 19, 2007
Secretary of State

Entity Name: INFINITY INSURANCE GROUP INC.

Current Principal Place of Business:

8851 NW 119 ST #3312
HIALEAH GARDEN, FL 33018

New Principal Place of Business:

3785 NW 82 AVE
SUITE # 315 B
DORAL, FL 33166

Current Mailing Address:

8851 NW 119 ST #3312
HIALEAH GARDEN, FL 33018

New Mailing Address:

3785 NW 82 AVE
SUITE # 315 B
DORAL, FL 33166

FEI Number: 20-5679128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRELA, MARIA J
8851 NW 119 ST #3312
HIALEAH GARDEN, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRELA, MARIA J
Address: 8851 NW 119 ST #3312
City-St-Zip: HIALEAH GARDEN, FL 33018

Title: VS () Delete
Name: CURNOW, ANA M
Address: 1733 NW 63 AVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA J GRELA

P

01/19/2007

Electronic Signature of Signing Officer or Director

Date