


2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

FILED

2008 JUN 19 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000038773					
1. Entity Name UNITED GROUP UNDERWRITERS, INC.					
Principal Place of Business 3909 NE 163 ST., STE. 304 N. MIAMI BEACH, FL 33160		Mailing Address 3909 NE 163 ST., STE. 304 N. MIAMI BEACH, FL 33160			
2. Principal Place of Business - No P.O. Box # 1313 NW 167 Street		3. Mailing Address 1313 NW 167 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Gardens, FL		City & State Miami Gardens, FL		4. FEI Number 26-0180489	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33169	Country USA	Zip 33169	Country USA	06052008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GRIMSLEY, CHARLES J. ESQ 3909 NE 163 ST., STE. 304 N. MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
1313 NW 167 Street			1313 NW 167 Street		
City Miami Gardens FL			City Miami Gardens FL		
Zip Code 33169			Zip Code 33169		
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: <i>Charles J. Grimsley</i>		DATE: 6/12/08			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIMSLEY, CHARLES J. ESQ		NAME		
STREET ADDRESS	3909 NE 163 ST., STE. 304		STREET ADDRESS	1313 NW 167 Street	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami Gardens, FL 33169	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCARTHY, BARBARA		NAME		
STREET ADDRESS	3909 NE 163RD ST., STE. 304		STREET ADDRESS	1313 NW 167 Street	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami Gardens, FL 33169	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARRILLO, MICHAEL R		NAME		
STREET ADDRESS	3909 NE 163RD ST., STE. 304		STREET ADDRESS	1313 NW 167 Street	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami Gardens, FL 33169	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARRILLO, BEAU W		NAME		
STREET ADDRESS	3909 NE 163RD ST., STE. 304		STREET ADDRESS	1313 NW 167 Street	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami Gardens, FL 33169	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLACHEK, PAUL		NAME		
STREET ADDRESS	3909 NE 163RD ST., STE. 304		STREET ADDRESS	1313 NW 167 Street	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami Gardens, FL 33169	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	400131630804	
CITY-ST-ZIP			CITY-ST-ZIP	06/24/08--01035--008 **70.00	
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: <i>Charles J. Grimsley</i>		CHARLES J. GRIMSLEY		6/12/08 305-799-4687	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	