

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061418

FILED
Feb 27, 2009
Secretary of State

Entity Name: INSURANCE GROUP MANAGEMENT, INC.

Current Principal Place of Business:

3909 NE 163RD STREET
N MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

3909 NE 163RD STREET
N MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 26-2959981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: PARRILLO, RICHARD
Address: 3909 NE 163RD STREET
City-St-Zip: N MIAMI BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change () Addition
Name: PARRILLO, RICHARD JR.
Address: 3909 NE 163RD STREET
City-St-Zip: N MIAMI BEACH, FL 33160

Title: P/D () Change (X) Addition
Name: CUBBISON, AARON L
Address: 3909 NE 163RD STREET
City-St-Zip: 3909 NE 163RD STREET, FL 33160

Title: T/ D () Change (X) Addition
Name: MILTON, DAVID S
Address: 3909 NE 163RD STREET
City-St-Zip: 3909 NE 163RD STREET, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: AARON L. CUBBISON

P/D

02/27/2009

Electronic Signature of Signing Officer or Director

Date