

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 09, 2011
Secretary of State

Entity Name: SENTINEL CASUALTY INSURANCE, INC.

Current Principal Place of Business:

1747 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1747 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 27-1831109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFORIS, STAVROS
1831 SW 116TH AVE
DAVIE, FL 33325 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

OFFICERS AND DIRECTORS:

Title: P
Name: MOFORIS, STAVROS
Address: 1831 SW 116TH AVE
City-St-Zip: DAVIE, FL 33325 US

Title: VP
Name: ARDILES, JUAN P
Address: 6041 SUPERIOR BLVD
City-St-Zip: DAVIE, FL 33331 US

Title: SEC
Name: ARDILES, JUAN P
Address: 6041 SUPERIOR BLVD
City-St-Zip: DAVIE, FL 33331 US

Title: TR
Name: ARDILES, JUAN P
Address: 6041 SUPERIOR BLVD
City-St-Zip: DAVIE, FL 33331 US

I hereby 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 all other like empowered.

SIGNATURE: STAVROS MOFORIS

PRES

09/09/2011

Electronic Signature of Signing Officer or Director

Date