

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054726

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** GROUP 1 INSURANCE OF CORAL GABLES, INC.

**Current Principal Place of Business:**

84 WEST SHORE DRIVE  
MIAMI, FL 33133 US

**New Principal Place of Business:**

PO BOX 330362  
COCONUT GROVE, FL 33233 US

**Current Mailing Address:**

PO BOX 330362  
COCONUT GROVE, FL 33233 US

**New Mailing Address:**

**FEI Number:** 65-0508128      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAMIZO, MANUEL III  
PO BOX 330362  
COCONUT GROVE, FL 33233 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: CHAMIZO, MANUEL  
Address: 123 MADEIRA AVE. STE#201  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CHAMIZO, MANUEL  
Address: 4915 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MANUEL CHAMIZO III

D

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date