

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90075 035 \*\*\*150.00

**DOCUMENT # P94000072506**

1. Entity Name  
**ARGUS FIRE & CASUALTY INSURANCE COMPANY**



Principal Place of Business  
3909 NE 163 STREET  
MIAMI, FL 33160 US

Mailing Address  
3909 NE 163 STREET  
MIAMI, FL 33160 US

**24074316**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**36-3954203**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIMSLEY, CHARLES**  
**3909 NE 163RD ST, 3RD FLOOR**  
**N MIAMI BCH, FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVARD, JEAN-GUY	
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARRILLO, MICHAEL R	
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRILLO, RICHARD P S	
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRILLO, BEAU	
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARRILLO, RICHARD P JR	
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPATUZZA, JOHN</b>	
STREET ADDRESS	<b>221 N. LASALLE STREET, # 2000</b>	
CITY-ST-ZIP	<b>CHICAGO, IL 60601</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRILLO, MICHAEL R.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHARLES J. GRIMSLEY, ESQ.</b>	
STREET ADDRESS	<b>3909 N.E. 163 ST., 3RD FLOOR</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33160</b>	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Charles J. Grimsley*

**CHARLES J. GRIMSLEY**

**5/6/04 305-947-4050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #