


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90268 019 \*\*\*150.00

<b>DOCUMENT # P94000072506</b>	
1. Entity Name <b>ARGUS FIRE &amp; CASUALTY INSURANCE COMPANY</b>	

Principal Place of Business <b>3909 NE 163 STREET MIAMI, FL 33160 US</b>	Mailing Address <b>3909 NE 163 STREET MIAMI, FL 33160 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>36-3954203</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <del>RIVARD, JEAN GUY</del> <input checked="" type="checkbox"/> Delete 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL POLACHEK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, MICHAEL R <input type="checkbox"/> Delete 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, RICHARD P SR. <input type="checkbox"/> Delete 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, BEAU <input type="checkbox"/> Delete 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PD PARRILLO, RICHARD P JR <input type="checkbox"/> Delete 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160 <b>NO CHANGE</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRILLO, RICHARD P. JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIMSLEY, CHARLES J <input type="checkbox"/> Delete 3909 N.E. 163 STREET, 3RD FLOOR NORTH MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 4/28/05 305-947-4050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #