


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90414 004 \*\*\*150.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P94000072506</b>  |   |   |   |                             |  |
| <b>1. Entity Name</b><br>ARGUS FIRE & CASUALTY INSURANCE COMPANY  |   |   |   |  |  |
| <b>Principal Place of Business</b><br>3909 NE 163 STREET<br>MIAMI, FL 33160 US  |   |   | <b>Mailing Address</b><br>3909 NE 163 STREET<br>MIAMI, FL 33160 US  |  |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>   |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State  |   |  |  |
| Zip   | Country   | Zip   | Country   | <b>4. FEI Number</b><br>36-3954203   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CHIEF FINANCIAL OFFICER<br>P.O. BOX 6200 32314-6200<br>200 E. GAINES ST.<br>TALLAHASSEE, FL 32399   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |  |
| <b>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.</b>  |   |   |   |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>TD</b> <input type="checkbox"/> Delete<br>POLACHEK, PAUL<br>3909 NE 163RD ST, 3RD FLOOR<br>N MIAMI BCH, FL 33160               |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>TERZER, RON         |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>PARRILLO, MICHAEL R<br>3909 NE 163RD ST, 3RD FLOOR<br>N MIAMI BCH, FL 33160           |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>MCCARTHY, PATRICK A |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Delete<br>PARRILLO, RICHARD P S<br>3909 NE 163RD ST, 3RD FLOOR<br>N MIAMI BCH, FL 33160         |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>SPATUZZA, JOHN      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>PD</b> <input type="checkbox"/> Delete<br>PARRILLO, BEAU<br>3909 NE 163RD ST, 3RD FLOOR<br>N MIAMI BCH, FL 33160               |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>RAMIREZ, JACK       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>PD</b> <input type="checkbox"/> Delete<br>PARRILLO, RICHARD P JR<br>3909 NE 163RD ST, 3RD FLOOR<br>N MIAMI BCH, FL 33160       |   | (Empty row for additions/changes)   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>S</b> <input type="checkbox"/> Delete<br>GRIMSLEY, CHARLES J<br>3909 N.E. 163 STREET, 3RD FLOOR<br>NORTH MIAMI BEACH, FL 33160 |   | (Empty row for additions/changes)   |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |   |   |   |  |  |
| <b>SIGNATURE</b> <i>Charles J. Grimsley</i> <b>CHARLES J. GRIMSLEY</b> <b>4/3/06 (305) 947-4050</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |   |  |  |