

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

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**



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3954203

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 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
NAME	POLACHEK, PAUL
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR
CITY-ST-ZIP	N MIAMI BCH, FL 33160
TITLE	D
NAME	PARRILLO, MICHAEL R
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR
CITY-ST-ZIP	N MIAMI BCH, FL 33160
TITLE	D
NAME	PARRILLO, RICHARD P S
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR
CITY-ST-ZIP	N MIAMI BCH, FL 33160
TITLE	PD
NAME	PARRILLO, BEAU
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR
CITY-ST-ZIP	N MIAMI BCH, FL 33160
TITLE	D
NAME	PARRILLO, RICHARD P JR
STREET ADDRESS	3909 NE 163RD ST, 3RD FLOOR
CITY-ST-ZIP	N MIAMI BCH, FL 33160
TITLE	S
NAME	GRIMSLEY, CHARLES J
STREET ADDRESS	3909 N.E. 163 STREET, 3RD FLOOR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160

**DO NOT WRITE
IN THIS SPACE**

UD00000753292
05/22/07-80015-008 150.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles J. Grimsley **CHARLES J. GRIMSLEY** 4/30/07 (305) 947-4050