

2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

FILED

2008 JUN 19 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06052008 Chg-P CR2E034 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 1313 NW 167 Street		3. Mailing Address 1313 NW 167 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Gardens, FL		City & State Miami Gardens, FL	
Zip 33169	Country USA	Zip 33169	Country USA
4. FEI Number 36-3954203		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000131630760 06/24/08--01035--007 **70.00 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 _____ (NOTE: Registered Agent signature required when restating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLACHEK, PAUL 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1313 NW 167 Street Miami Gardens, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, MICHAEL R 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1313 NW 167 Street Miami Gardens, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, RICHARD P S 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1313 NW 167 Street Miami Gardens, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRILLO, BEAU 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1313 NW 167 Street Miami Gardens, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, RICHARD P JR 3909 NE 163RD ST, 3RD FLOOR N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1313 NW 167 Street Miami Gardens, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIMSLEY, CHARLES J 3909 N.E. 163 STREET, 3RD FLOOR NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1313 NW 167 Street Miami Gardens, FL 33169
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: <i>Charles J. Grimsley</i>		CHARLES J. GRIMSLEY 6/12/08 305-799-4687	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	