

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90291 041 ***150.00



DOCUMENT # P94000090719

1. Entity Name
 LONDON INSURANCE GROUP INC.

Principal Place of Business Mailing Address
~~5600 SW 135 AVENUE #111 MIAMI, FL 33183~~ *13500 SW 88 st #287A Miami, FLA 33186*
 PO BOX 960277 MIAMI, FL 33296-0277



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0547123** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, LUIS
~~5600 SW 135 AVE, #111 MIAMI, FL 33183~~ *13500 SW 88 street #287A Miami, FLA 33186*

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 *Luis Diaz*

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 PSD
 NAME DIAZ, LUIS *13500 SW 88 street*
 STREET ADDRESS ~~5600 SW 135 AVE 111~~ *#287A*
 CITY-ST-ZIP ~~MIAMI, FL 33183~~ *MIAMI, FLA 33186*

TITLE VTD
 NAME DIAZ, LUIS
 STREET ADDRESS ~~5600 SW 135 AVE, #111~~ *13500 SW 88 street*
 CITY-ST-ZIP ~~MIAMI, FL 33183~~ *#287A*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP *MIAMI, FLA 33186*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 *Luis Diaz* Date *4/9/04* Daytime Phone # *315-408-6599*