

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN 22 PM 2:40

SECRET  
TALLAHASSEE, FLORIDA

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06022006 Chg-P CR2E034 (11/05)

DOCUMENT # P95000085760					
1. Entity Name FIRST COMMERCIAL INSURANCE COMPANY					
Principal Place of Business 7900 N.W. 155TH STREET STE. # 201 MIAMI LAKES, FL 33016 US			Mailing Address 7900 N.W. 155TH STREET STE. # 201 MIAMI LAKES, FL 33016 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0616750	
				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 BEANE, REGINALD E 7900 NW 155TH STREET SUITE 201 MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Applicable) P.O. BOX 6200 (32314-6200) 200 E. GAINES ST City TALLAHASSEE FL FL Zip Code 32399-0000		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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	PD BEANE, REGINALD E 5088 NW 81ST AVENUE CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* SEE ATTACHED EXHIBIT FOR CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMBERT, RENE M 7900 NW 155TH ST STE 201 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESPINOSA, LUIS M. 15525 NW 83RD COURT MIAMI LAKES, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUERO, CARLOS ERNESTO 910 BAILEY COURT WESTFIELD, NJ 07090 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMILLERI, MICHAEL 2101 NW CORPORATE BLVD #415 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBP MALONEY, JOHN 271 PLYMOUTH AVE BRIGHTWATERS, NY 11718 <input checked="" type="checkbox"/> Delete	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 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: <u>John S Maloney</u>		Date: <u>6/21/06</u>		Daytime Phone #: <u>800-291-7776</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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**Exhibit**  
**Changes to First Commercial Insurance Company.**

**Officers/Directors:**

<b><u>Name</u></b>	<b><u>Office</u></b>
Reginald E. Beane 5088 NW 81 <sup>st</sup> Ave. Coral Springs, FL 33067	President, Director
Rene M. Cambert 7900 NW 155 ST, STE 201 Miami Lakes, FL 33016	Treasurer, Vice-President, COO, Director
Luis M. Espinosa 15525 NW 83 <sup>rd</sup> Court Miami Lakes, FL 33016	Secretary, Vice-President, CEO, Director
Michael Camilleri 2101 NW Corporate Blvd #415 Boca Raton, FL 33431	Vice-President, General Counsel, Director
John Maloney 271 Plymouth Ave. Brightwaters, NY 11718	Vice-President, CFO, Director
Michael Puchades 7900 NW 155 ST, STE 201 Miami Lakes, FL 33016	Vice-President, Assistant General Counsel
Theodore Werckman 7900 NW 155 ST, STE 201 Miami Lakes, FL 33016	Vice-President of Underwriting
Gloria Alvarez 7900 NW 155 ST, STE 201 Miami Lakes, FL 33016	Vice-President of Marketing
Carlos Ernesto Aguero 910 Bailey Court Westfield, NJ 07090	Director
Marco Gutierrez 7900 NW 155 ST, STE 201 Miami Lakes, FL 33016	Director

353

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017  
Reference: \_\_\_\_\_  
(Sub Account)  
Date: 6/22/06  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 224-1585  
Contact Name: Kim Pullen, CLA (ext. 5261)

RECEIVED  
06 JUN 22 PM 4:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Corporation Name: First Commercial Insurance  
Company  
Entity Number: P95000085760  
Authorization: Kim Pullen

<input type="checkbox"/> Certified Copy	<input checked="" type="checkbox"/> Plain Stamped Copy	<input type="checkbox"/> Certificate of Status
<input type="checkbox"/> New Filings	<input type="checkbox"/> Amendments	<input checked="" type="checkbox"/> Amended Annual Report
<input type="checkbox"/> Fictitious Name		<input type="checkbox"/> Registration

  

( <input checked="" type="checkbox"/> ) Call When Ready	( <input checked="" type="checkbox"/> ) Call if Problem	(    ) After 4:30
( <input checked="" type="checkbox"/> ) Walk In	(    ) Will Wait	( <input checked="" type="checkbox"/> ) Pick Up

CF Internal Use Only

Client: 49088 Matter: 19599  
Name: Beth V. Office: Tal