2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000085760

1. Entity Name
FIRST COMMERCIAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
7900 N.W. 155TH STREET STE. # 201 MIAMI LAKES, FL 33016 US	7900 N.W. 155TH STREET STE. # 201 MIAMI LAKES, FL 33016 US

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03062007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0616750 / Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BEANE, REGINALD E		NAME	Beane, Reginald E.	
STREET ADDRESS	5088 NW 81ST AVENUE		STREET ADDRESS	7900 NW 155th Street, Suite 201	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	TVDO	☐ Delete	TITLE	TVDCOO	☒ Change ☐ Addition
NAME	CAMBERT, RENE M		NAME	Cambert, Rene M.	
STREET ADDRESS	7900 NW 155TH ST STE 201		STREET ADDRESS	7900 NW 155th Street, Suite 201	
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	SVCD	☐ Delete	TITLE	SVDCEO	☒ Change ☐ Addition
NAME	ESPINOSA, LUIS M		NAME	Espinosa, Luis M.	
STREET ADDRESS	15525 NW 83RD COURT		STREET ADDRESS	7900 NW 155th Street, Suite 201	
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	VDGC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMILLERI, MICHAEL		NAME		
STREET ADDRESS	2101 NW CORPORATE BLVD., #415		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	VDCO	☐ Delete	TITLE	VD CEO	☒ Change ☐ Addition
NAME	MALONEY, JOHN		NAME	Maloney, John	
STREET ADDRESS	271 PLYMOUTH AVENUE		STREET ADDRESS	7900 NW 155th Street, Suite 201	
CITY-ST-ZIP	BRIGHTWATERS, NY 11718		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	VAGC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PUCHADES, MICHAEL		NAME		
STREET ADDRESS	7900 N.W. 155 ST., STE. 201		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP		

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.

800-291-7776

SIGNATURE: _____   3/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

see back for more officers