

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093951

FILED
Feb 03, 2004
Secretary of State

Entity Name: PHOENIX INSURANCE GROUP, INC.

Current Principal Place of Business:

1500 UNIVERSITY DR.
SUITE 104
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

1500 UNIVERSITY DR.
SUITE 104
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0632721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLINA, SEBASTIAN
1500 UNIVERSITY DR.
SUITE #104
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

1500 UNIVERSITY DR.
SUITE 115
CORAL SPRINGS, FL 33071 US

New Mailing Address:

1500 UNIVERSITY DR.
SUITE 115
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

GALLINA, SEBASTIAN
1500 UNIVERSITY DR.
SUITE #115
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE:

02/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GALLINA, SEBASTIAN
Address: 2871 NW 78 AVE
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: GALLINA, JOSEPHINE
Address: 2871 NW 78 AVE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GALLINA, SEBASTIAN
Address: 954 NW 109 TERR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEBASTIAN GALLINA

P

02/03/2004

Electronic Signature of Signing Officer or Director

Date