


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000033621
 1. Entity Name
 SELDEN BEATTIE INSURANCE GROUP, INC.



Principal Place of Business 1500 SAN REMO AVE 180 CORAL GABLES, FL 33146 US	Mailing Address 1500 SAN REMO AVE 180 CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0752180	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

BEATTIE, BEVERLY E
 8100 SW 54 AVE
 MIAMI, FL 33143

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000868731
 04/09/08-80024-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS BEATTIE, BEVERLY E 8100 SW 54 AVE MIAMI, FL 33143
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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 or other like empowered.

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