

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # P97000055669

1. Entity Name
ADMIRAL INSURANCE, INC.



Principal Place of Business
**17340 NW 27TH AVE.
MIAMI, FL 33056**

Mailing Address
**345 SW 66 AVENUE
PEMBROKE PINES, FL 33023**



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0764400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BERNARD DODDO CPA
5725 SW 112 TERRACE
COOPER CITY, FL 33330**

**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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LAVECCHIA, ANGELO R
STREET ADDRESS	345 SW 66 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33023

TITLE	VPD
NAME	LAVECCHIA, SUE
STREET ADDRESS	345 SW 66 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33023

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03/06/08-80004-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]
2/22/08 305-681-0939