

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055669

Entity Name: ADMIRAL INSURANCE, INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

17340 NW 27TH AVE.
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

345 SW 66 AVENUE
PEMBROKE PINES, FL 33023

New Mailing Address:

17340 NW 27TH AVE.
MIAMI, FL 33056

FEI Number: 65-0764400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BERNARD DODDO CPA
5400 SO. UNIVERSITY DR. #311
DAVIE, FL 33328 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:

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LAVECCHIA, ANGELO R
Address: 345 SW 66 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VPD () Delete
Name: LAVECCHIA, SUE
Address: 345 SW 66 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANGELO LAVECCHIA

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date