

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004543

Entity Name: F.M.G. INSURANCE CORP.

FILED  
Mar 28, 2007  
Secretary of State

## Current Principal Place of Business:

932 71 STREET  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

## Current Mailing Address:

932 71 STREET  
MIAMI BEACH, FL 33141

## New Mailing Address:

FEI Number: 65-0901830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUZMAN, FRANK J  
15121 NW 87TH COURT  
HIALEAH, FL 33018 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GUZMAN, FRANK J  
Address: 15121 NW 87TH CT.  
City-St-Zip: HIALEAH, FL 33018

Title: VSTD ( ) Delete  
Name: GUZMAN, GLORIA M  
Address: 15121 NW 87TH CT.  
City-St-Zip: HIALEAH, FL 33018

## 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 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: FRANK J. GUZMAN

PRES

03/28/2007

Electronic Signature of Signing Officer or Director

Date