

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED


06 JUL 11 PM 12:56

SECRET
TALLAHASSEE, FLORIDA

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06022006 Chg-P CR2E034 (11/05)

DOCUMENT # S59529			
1. Entity Name SOUTHERN GROUP INSURANCE MANAGEMENT, INC.			
Principal Place of Business 1769 NW 79TH AVENUE MIAMI, FL 33126 US		Mailing Address 1769 NW 79TH AVENUE MIAMI, FL 33126 US	
2. Principal Place of Business 7900 NW 155 ST Suite, Apt. #, etc.		3. Mailing Address 7900 NW 155 ST Suite, Apt. #, etc.	
STE 201 City & State MIAMI LAKES, FL		STE 201 City & State MIAMI LAKES, FL	
Zip 33016	Country U.S.	Zip 33016	Country U.S.
4. FEI Number 65-0269653		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 VIVES, MARIO 1769 NW 79TH AVENUE MIAMI, FL 33126		7. Name and Address of New Registered Agent Name REGINALD E. BEANE Street Address (P.O. Box Number is Not Acceptable) 7900 NW 155 ST STE 201 City MIAMI LAKES, FL FL Zip Code 33016	
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 <u><i>Reginald E. Beane</i></u> DATE <u>7/10/06</u> <small>Signature is typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD VIVES, MARIO 1769 NW 79 AVE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	*SEE ATTACHED EXHIBIT FOR CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEUTSCH, BRYAN W 1769 NW 79 AVE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>John S. Maloney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6/21/06</u> Daytime Phone # <u>800-291-7776</u>	

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Exhibit
Changes to Southern Group Insurance Management, Inc.

Officers/Directors:

<u>Name</u>	<u>Office</u>
Reginald E. Beane 5088 NW 81 st Ave. Coral Springs, FL 33067	President, Director
Rene M. Cambert 7900 NW 155 ST, STE 201 Miami Lakes, FL 33016	Treasurer, Vice-President, COO, Director
Luis M. Espinosa 15525 NW 83 rd Court Miami Lakes, FL 33016	Secretary, Vice-President, CEO, Director
Michael Camilleri 2101 NW Corporate Blvd #415 Boca Raton, FL 33431	Vice-President, General Counsel, Director
John Maloney 271 Plymouth Ave. Brightwaters, NY 11718	Vice-President, CFO, Director
Carlos Ernesto Aguero 910 Bailey Court Westfield, NJ 07090	Director
Marco Gutierrez 7900 NW 155 ST, STE 201 Miami Lakes, FL 33016	Director

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DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference:
(Sub Account)

Date:

6/22/06

Requestor Name:

Carlton Fields

Address:

Post Office Drawer 190
Tallahassee, Florida 32302

Telephone:

(850) 224-1585

Contact Name:

Kim Pullen, CLA (ext. 5261)

Corporation Name:

Southern Group Insurance
Management, Inc.

Entity Number:

559529

Authorization:

Kim Pullen

☐ Certified Copy

☐ New Filings

☐ Fictitious Name

☒ Plain Stamped Copy

☐ Amendments

☐ Certificate of Status

☒ Amended
Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: 49088

Matter: 19599

Name: Beth V.

Office: TAL