2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S71790

FILED Apr 27, 2004 Secretary of State

Entity Name: ALL FLORIDA INSURANCE GROUP, EAST COAST, INC

307.01, III.	
New Principal Place	of Business:
New Mailing Addres	ss:
Number Not Applicable ()	Certificate of Status Desired()
,	`,
Name and Address of	of New Registered Agent:
se of changing its registere	ed office or registered agent, or both,
	 Date
ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	() Change () Addition
	New Mailing Address Number Not Applicable () Name and Address of the set of changing its registered address: Address: City-St-Zip: Title: Name: Address: Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY MORDENSKI PRES 04/27/2004