

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L26167

**Entity Name:** LAKES INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

6402 NW 186 ST  
MIAMI, FL 33015

**Current Mailing Address:**

6402 NW 186 ST  
MIAMI, FL 33015 US

**FEI Number:** 65-0155032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANTANA, JORGE A  
6402 NW 186 ST.  
MIAMI, FL 33015 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SANTANA, JORGE A  
Address 6402 NW 186 ST  
City-State-Zip: MIAMI FL 33015

Title VPD  
Name SANTANA, DIANA C  
Address 6402 NW 186 ST  
City-State-Zip: MIAMI FL 33015

Title STD  
Name SANTANA, DIANA C  
Address 6402 NW 186 STREET  
City-State-Zip: MIAMI FL 33015

*I hereby 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 all other like empowered.*

**SIGNATURE:** DIANA SANTANA

VPD

02/12/2017

Electronic Signature of Signing Officer/Director Detail

Date