

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L49691

Entity Name: PENINSULA INSURANCE BUREAU, INC.**Current Principal Place of Business:**6065 NW 167 ST
SUITE B1
MIAMI, FL 33015**Current Mailing Address:**6065 NW 167 ST
SUITE B1
MIAMI, FL 33015 US**FEI Number:** 65-0171532**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PALACIOS, JOSE A
6065 NW 167 ST
STE B1
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	CEO
Name	PALACIOS, JOSE A
Address	6065 NW 167 ST STE B1
City-State-Zip:	HIALEAH FL 33015

Title	EVP
Name	KUNZMAN, EMERY L
Address	6065 NW 167 ST STE B1
City-State-Zip:	HIALEAH FL 33015

Title	COO
Name	MCKEEBY, PATRICK
Address	2842 LENT ROAD
City-State-Zip:	APOPKA FL 32712

Title	CIO
Name	SCATES, DAVID
Address	2842 LENT ROAD
City-State-Zip:	APOPKA FL 32712

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: JOSE PALACIOS

CEO

01/03/2018

Electronic Signature of Signing Officer/Director Detail_____
Date