

**2016 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	PTD	Title	DVS
Name	PALACIOS, JOSE A	Name	KUNZMAN, EMERY L
Address	6065 NW 167 ST STE B1	Address	6065 NW 167 ST STE B1
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH 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:** JOSE PALACIOS

**PRESIDENT**

**01/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date