#### 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: MARIA PINTO

PSTD

PINTO, MARIA 8760 SW 85TH TERRACE

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0300007585

Entity Name: FINANCIAL SECURITY INSURANCE GROUP, INC.

#### **Current Principal Place of Business:** 8760 SW 85TH TERRACE

3 MIAMI, FL 33173

### **Current Mailing Address:**

8760 SW 85TH TERRACE 3 MIAMI, FL 33173

### FEI Number: 55-0817284

### Name and Address of Current Registered Agent:

ARNOLD, NAZUR CPA 999 PONCE DE LEON BLVD CORAL GABLES, FL 33134 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

## **Officer/Director Detail :**

Title Name Address City-State-Zip: MIAMI FL 33173

03/08/2016

Electronic Signature of Signing Officer/Director Detail

### FILED Mar 08, 2016 Secretary of State CC4791862955

Certificate of Status Desired: No

Date