

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000148754

**Entity Name:** ALPAGOS INSURANCE, INC.

**Current Principal Place of Business:**

44 W FLAGLER STREET  
SUITE 1100  
MIAMI, FL 33130

**Current Mailing Address:**

44 W FLAGLER STREET  
SUITE 1100  
MIAMI, FL 33130

**FEI Number:** 20-1813250

**Certificate of Status Desired:** No

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

VIVIES, PATRICK  
700 E. DANIA BEACH BOULEVARD  
SUITE 202  
DANIA, FL 33004 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 DP  
Name BARRE, JEAN-PAUL  
Address 18807 SE FEDERAL HWY  
City-State-Zip: TEQUESTA FL 33469

*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:** BARRE, JEAN-PAUL

**PRESIDENT**

**01/10/2014**

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

\_\_\_\_\_  
Date