

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129188

Entity Name: KAPITAL INSURANCE INC.

Current Principal Place of Business:

601 N CONGRESS AVE
SUITE 435
DELRAY BEACH , FL 33445

Current Mailing Address:

601 N CONGRESS AVE
SUITE 435
DELRAY BEACH , FL 33445 US

FEI Number: 20-5677200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, MAYTE
601 N CONGRESS AVE
SUITE 435
DELRAY BEACH , FL 33445 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 VP
Name RODRIGUEZ, JOHN E
Address 601 N CONGRESS AVE
 SUITE 435
City-State-Zip: DELRAY BEACH FL 33445

Title PCEO
Name RODRIGUEZ, MAYTE
Address 601 N CONGRESS AVE
 SUITE 435
City-State-Zip: DELRAY BEACH FL 33445

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: MAYTE RODRIGUEZ

PRESIDENT

01/18/2016

Electronic Signature of Signing Officer/Director Detail

Date