

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071608

**Entity Name:** CONTINENTAL INSURANCE BROKERS V INC.

**Current Principal Place of Business:**

11321 WEST FLAGLER STREET  
MIAMI, FL 33174

**Current Mailing Address:**

11321 WEST FLAGLER STREET  
MIAMI, FL 33174

**FEI Number:** 26-0369463

**Certificate of Status Desired:** No

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

ARCAS, WILL  
11321 WEST FLAGLER STREET  
MIAMI, FL 33174 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  
Name           ARCAS, WILL  
Address        11321 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33174

*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:** WILL ARCAS

**PRESIDENT**

**01/14/2018**

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

\_\_\_\_\_  
Date