

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072213

**Entity Name:** VACAS FLORIDA INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1450 NW 87TH AVE  
SUITE 202  
DORAL, FL 33172

**Current Mailing Address:**

1450 NW 87TH AVE  
SUITE 202  
DORAL, FL 33172

**FEI Number:** 27-3430344

**Certificate of Status Desired:** No

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

VACAS, JAVIER  
1450 NW 87TH AVE  
SUITE 202  
DORAL, FL 33172 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 PD  
Name VACAS, JAVIER  
Address 1450 NW 87TH AVE SUITE 202  
City-State-Zip: DORAL FL 33172

*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:** JAVIER VACAS

**PRESIDENT**

**03/24/2016**

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

\_\_\_\_\_  
Date