

2015 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

OWNER

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date