

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000072213

Entity Name: VACAS FLORIDA INSURANCE GROUP, INC.

Current Principal Place of Business:

8767 SW 5TH TER
MIAMI, FL 33174

Current Mailing Address:

8767 SW 5TH TER
MIAMI, FL 33174 US

FEI Number: 27-3430344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VACAS, JAVIER
8767 SW 5TH TER
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 PD
Name VACAS, JAVIER
Address 8767 SW 5TH TER
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: JAVIER VACAS

PRESIDENT

06/07/2020

Electronic Signature of Signing Officer/Director Detail

Date