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: DAVID R CASTELLANOS

Electronic Signature of Signing Officer/Director Detail

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000032722

#### Entity Name: FLORIDA INSURANCE TREASURE GROUP CORP

### **Current Principal Place of Business:**

4651 BABCOCK ST SE 17 PALM BAY, FL 32905

#### **Current Mailing Address:**

4651 BABCOCK ST SE 17 PALM BAY, FL 32905

#### **FEI Number: NOT APPLICABLE**

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

MARIA, CASTELLANOS 5698 CYPRESS CREEK DR GRANT, FL 32949 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	: MARIA CASTELLANOS			03/15/2021	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Р	Title	SALES REP		
Name	CASTELLANOS, MARIA C	Name	DAVID, CASTELLANOS		
Address	4651 BABCOCK ST SE STE 17	Address	4651 BABCOCK ST SE 17		
City-State-Zip:	PALM BAY FL 32905	City-State-Zip:	PALM BAY FL 32905		

Certificate of Status Desired: No

FILED Mar 15, 2021 Secretary of State 3905026564CC

SALES

03/15/2021