

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000045145

Entity Name: M.A.T. INSURANCE GROUP, INC.**Current Principal Place of Business:**7787 NW 146 STREET
MIAMI LAKES, FL 33016**Current Mailing Address:**7787 NW 146 STREET
MIAMI LAKES, FL 33016 US**FEI Number:** 80-0731649**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBARA, ALMEIDA C.
7787 NW 146 STREET
MIAMI LAKES, FL 33016 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:** BARBARA C. ALMEIDA

03/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------------------|
| Title | PRESIDENT, SECRETARY, TREASURER |
| Name | BARBARA, ALMEIDA C |
| Address | 7787 NW 146 STREET |
| City-State-Zip: | MIAMI LAKES FL 33016 |

| | |
|-----------------|----------------------|
| Title | VP |
| Name | JENNIFER, ALMEIDA E |
| Address | 7787 NW 146 STREET |
| City-State-Zip: | MIAMI LAKES FL 33016 |

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: BARBARA C ALMEIDA

PRES

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date