

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000100998

**Entity Name:** ANCORP CAPITAL GROUP, INC.

**Current Principal Place of Business:**

804 S DOUGLAS RD STE 365  
CORAL GABLES, FL 33134

**Current Mailing Address:**

804 S DOUGLAS RD STE 365  
CORAL GABLES, FL 33134

**FEI Number:** 46-2662639

**Certificate of Status Desired:** No

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

LAW OFFICE OF CARLOS R. ROMERO, JR, P.A.  
804 S DOUGLAS RD STE 365  
CORAL GABLES, FL 33134 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 D  
Name ALONSO RODRIGUEZ, MARIA A  
Address 804 SOUTH DOUGLAS ROAD  
365  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGING DIRECTOR  
Name GONZALEZ ANLEO, TOMAS  
Address 804 SOUTH DOUGLAS ROAD  
365  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name ALONSO RODRIGUEZ, MARIA  
ALEJANDRA  
Address 804 SOUTH DOUGLAS ROAD  
365  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name GONZALEZ ANLEO-PALMA, OFELIA  
Address 804 SOUTH DOUGLAS ROAD  
365  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name GONZALEZ ANLEO, TOMAS  
Address 804 SOUTH DOUGLAS ROAD  
365  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name GONZALEZ ANLEO-PALMA, OFELIA  
Address 804 SOUTH DOUGLAS ROAD  
365  
City-State-Zip: CORAL GABLES FL 33134

*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:** GONZALEZ ANLEO TOMAS

**DIRECTOR**

**04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date