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. **OWNER/PRINCIPAL**

SIGNATURE: CARLOS REY VALENTI

Electronic Signature of Signing Officer/Director Detail

04/16/2014

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.

Certificate of Status Desired: No

Electronic Signature of Registered Agent

... . ..

Officer/Dire	ficer/Director Detail :				
Title	Р	Title	VP		
Name	VALENTI, CARLOS R	Name	AVILA, GISELLE		
Address	223 E. FLAGLER STREET 508	Address	223 E. FLAGLER STREET 508		
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131		

2014	FLORIDA	PROFIT	CORPOR	ANNUAL	REPORT

DOCUMENT# P13000034656

Entity Name: THE VALENTI GROUP INSURANCE INC.

Current Principal Place of Business:

223 E. FLAGLER STREET 508 MIAMI, FL 33131

Current Mailing Address:

223 E. FLAGLER STREET 508 MIAMI, FL 33131 US

FEI Number: 46-2554996

Name and Address of Current Registered Agent:

VALENTI, CARLOS R 223 E. FLAGLER STREET 508 MIAMI, FL 33131 US

SIGNATURE:

Date