

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000057481

**Entity Name:** BEACON FINANCIAL & INSURANCE SOLUTIONS, CORP.

**Current Principal Place of Business:**

2332 GALIANO STREET  
SECOND FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2332 GALIANO STREET  
SECOND FLOOR  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-3224606

**Certificate of Status Desired:** Yes

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

REGUEIRA, ALBERTO A  
13241 SW 38TH STREET  
MIAMI, FL 33175 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 PCEO  
Name REGUEIRA, ALBERTO A  
Address 2332 GALIANO ST 2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name MOUAWAD, STEPHANIE  
Address 55 MERRICK WAY APT 640  
City-State-Zip: CORAL GABLES FL 33134

Title CFO  
Name MOUAWAD, STEPHANIE  
Address 55 MERRICK WAY APT 640  
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:** STEPHANIE MOUAWAD

CFO

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date