

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000040462

**Entity Name:** TOSCANO INSURANCE GROUP CORP

**Current Principal Place of Business:**

1111 LINCOLN RD SUITE 500  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

PO BOX 414033  
MIAMI BEACH, FL 33141 US

**FEI Number:** 46-5606857

**Certificate of Status Desired:** No

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

TOSCANO, JULIAN ANDRES  
7545 E. TREASURE DRIVE, UNIT 10A  
NORTH BAY VILLAGE, FL 33141 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:** JULIAN ANDRES TOSCANO

01/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TOSCANO, JULIAN ANDRES  
Address 7545 E. TREASURE DRIVE, UNIT 10A  
City-State-Zip: NORTH MIAMI FL 33141

Title D  
Name TOSCANO, JULIAN ANDRES  
Address 7545 E. TREASURE DRIVE, UNIT 10A  
City-State-Zip: NORTH MIAMI FL 33141

*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:** JULIAN ANDRES TOSCANO

**PRESIDENT**

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date