

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000040462

**Entity Name:** TOSCANO INSURANCE GROUP CORP

**Current Principal Place of Business:**

1220 NORMANDY DR.  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

1220 NORMANDY DR.  
MIAMI BEACH, FL 33141 US

**FEI Number:** 46-5606857

**Certificate of Status Desired:** No

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

TOSCANO, JULIAN  
1220 NORMANDY DR.  
MIAMI BEACH, 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TOSCANO, JULIAN  
Address 1220 NORMANDY DR.  
City-State-Zip: MIAMI BEACH FL 33141

Title D  
Name PACHECO RUEDAS, ROSMIRA  
Address 1220 NORMANDY DR.  
City-State-Zip: MIAMI BEACH FL 33141

Title D  
Name ALVERNIA LOBO, LEONARDO  
Address 1220 NORMANDY DR.  
City-State-Zip: MIAMI BEACH 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 TOSCANO

**PRESIDENT**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date