

2016 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:

PO BOX 414731
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 ANDRES TOSCANO

PRESIDENT

05/02/2016

Electronic Signature of Signing Officer/Director Detail

Date