

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000059168

**Entity Name:** JKC INSURANCE INC

**Current Principal Place of Business:**

1701 W FLAGLER ST  
STE 223  
MIAMI, FL 33135

**Current Mailing Address:**

1701 W FLAGLER ST  
STE 223  
MIAMI, FL 33135

**FEI Number:** 47-1359356

**Certificate of Status Desired:** No

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

GONZALEZ, CLAUDINA  
1701 W FLAGLER ST  
STE 223  
MIAMI, FL 33135 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            GONZALEZ, CLAUDINA  
Address        1701 W FLAGLER ST STE 223  
City-State-Zip: MIAMI FL 33135

Title            VP  
Name            KEVIN, GARCIA  
Address        1701 W FLAGLER ST  
                  STE 223  
City-State-Zip: MIAMI FL 33135

*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:** CLAUDINA GONZALEZ

**PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date