

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000076638

**Entity Name:** BS INSURANCE GROUP INC

**Current Principal Place of Business:**

2550 SW 72ND AVE #308  
MIAMI, FL 33122

**Current Mailing Address:**

2550 SW 72ND AVE #308  
MIAMI, FL 33122 US

**FEI Number:** 81-3828627

**Certificate of Status Desired:** No

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

CALVO, JOSE ADRIAN  
2550 SW 72ND AVE #308  
MIAMI, FL 33122 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 CALVO, JOSE ADRIAN  
Address 2550 SW 72ND AVE #308  
City-State-Zip: MIAMI FL 33122

*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:** JOSE ADRIAN CALVO

**PRESIDENT**

**02/17/2020**

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

\_\_\_\_\_  
Date