

2018 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:

LABORI, ARNALDO
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 PRES
Name LABORI, ARNALDO
Address 2550 SW 72ND AVE #308
City-State-Zip: MIAMI FL 33122

Title VP
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

VP

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date