

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000021982

Entity Name: SHAHEED INSURANCE GROUP INC

Current Principal Place of Business:

598 SW 181 WAY
PEMBROKE PINES, FL 33029

Current Mailing Address:

598 SW 181 WAY
PEMBROKE PINES, FL 33029 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAHEED, HAKIM A
598 SW 181 WAY
PEMBROKE PINES, FL 33029 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 SHAHEED, HAKIM A
Address 598 SW 181 WAY
City-State-Zip: PEMBROKE PINES FL 33029

Title VP
Name SHAHEED, KAMAL A
Address 598 SW 181 WAY
City-State-Zip: PEMBROKE PINES FL 33029

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: HAKIM SHAHEED

PRÉSIDENT

04/30/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date