

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027254

Entity Name: LIFE PARTNERS INSURANCE GROUP, CORP.

Current Principal Place of Business:

8333 NW 53RD STREET
SUITE # 107
DORAL, FL 33166

Current Mailing Address:

8333 NW 53RD STREET
SUITE # 107
DORAL, FL 33166 US

FEI Number: 65-0653545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLO & MARTINEZ
2850 S DOUGLAS ROAD
SUITE 303
CORAL GABLES, FL 33134 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: IAN MARTINEZ

02/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name DACAS, BRENDA
Address 15634 NW 12TH CT
City-State-Zip: PEMBROKE PINES FL 33028

Title PRESIDENT, SECRETARY
Name ESPINOSA, FERNANDO
Address 7801 SW 125 STREET
City-State-Zip: PINECREST FL 33156

Title VP
Name JOSEPH, PETER
Address 5740 SW 116TH STREET
City-State-Zip: CORAL GABLES FL 33156

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: FERNANDO ESPINOSA

PRESIDENT

02/01/2019

Electronic Signature of Signing Officer/Director Detail

Date