

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027254

Entity Name: LIFE PARTNERS INSURANCE GROUP, CORP.

**FILED
Apr 06, 2015
Secretary of State
CC8371065025**

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:

RODRIGUEZ, MIGUEL A
14352 SW 40TH TERRACE
MIAMI, FL 33175 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	VP	Title	P
Name	LEYVA, RAUL V	Name	RODRIGUEZ, MIGUEL A
Address	13344 SW 1 TERRACE	Address	14352 SW 40TH TERRACE
City-State-Zip:	MIAMI FL 33184	City-State-Zip:	MIAMI FL 33175
Title	CS		
Name	DACAS, BRENDA		
Address	15634 NW 12TH CT		
City-State-Zip:	PEMBROKE PINES FL 33028		

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: MIGUEL RODRIGUEZ

PRESIDENT

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date