

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000027254

**Entity Name:** LIFE PARTNERS INSURANCE GROUP, CORP.

**FILED**  
**Apr 03, 2017**  
**Secretary of State**  
**CC3706882890**

**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  
Name           LEYVA, RAUL V  
Address        13344 SW 1 TERRACE  
City-State-Zip: MIAMI FL 33184

Title           P  
Name           RODRIGUEZ, MIGUEL A  
Address        14352 SW 40TH TERRACE  
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**

**04/03/2017**

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

\_\_\_\_\_  
Date