

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069163

Entity Name: MAGDALENE INSURANCE GROUP, INC.

Current Principal Place of Business:

1506 W VINE STREET
KISSIMMEE, FL 34741

Current Mailing Address:

1506 W VINE STREET
KISSIMMEE, FL 34741 US

FEI Number: 59-3529570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASTACIO, ERCILIO
613 HACIENDA CIRC
KISSIMMEE, FL 34741 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 ASTACIO, ERCILIO
Address 613 HACIENDA CIRCLE
City-State-Zip: KISSIMMEE FL 34741

Title VP
Name ASTACIO, NANCY
Address 613 HACIENDA CIRCLE
City-State-Zip: KISSIMMEE FL 34741

Title SEC
Name ASTACIO, KATIA S
Address 613 HACIENDA CIRCLE
City-State-Zip: KISSIMMEE FL 34741

Title T
Name ASTACIO, KAREN
Address 613 HACIENDA CIRC
City-State-Zip: KISSIMME FL 34741

Title ASST. SECRETARY
Name ASTACIO, JASMINE M
Address 1506 W VINE STREET
City-State-Zip: KISSIMMEE FL 34741

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: ERCILIO A ASTACIO

PRESIDENT

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date