

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003071

**Entity Name:** KAPLAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3555 PLYMOUTH BLVD. SUITE 118  
PLYMOUTH, MN 55447

**Current Mailing Address:**

3500 VICKSBURG LANE N, SUITE 354  
PLYMOUTH, MN 55447

**FEI Number: 36-4602342**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 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, DIRECTOR  
Name KAPLAN, BRADLEY  
Address 3555 PLYMOUTH BLVD. SUITE 118  
City-State-Zip: PLYMOUTH MN 55447

*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: BRADLEY KAPLAN**

**PRESIDENT**

**04/23/2020**

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

\_\_\_\_\_  
Date