2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2020
Secretary of State
0242638365CC

DOCUMENT# P02000000201

Entity Name: POPA INSURANCE GROUP INC.

Current Principal Place of Business:

8401 LAKE WORTH RD, STE 106
LAKE WORTH, FL 33467

Current Mailing Address:

8401 LAKE WORTH RD, STE 106
LAKE WORTH, FL 33467

FEI Number: 03-0450431

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POPA, FLORIN
16970 VALENCIA BLVD
LOXAHATCHEE, FL 33470 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	Title	D
Name	POPA, FLORIN	Name	POPA, LUMINITA
Address	16970 VALENCIA BLVD	Address	16970 VALENCIA BLVD
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

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: FLORIN POPA OWNER 01/15/2020

Electronic Signature of Signing Officer/Director Detail — Date