

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098246

Entity Name: EXCELSIOR INSURANCE SERVICES INC.

Current Principal Place of Business:

14734 NE 6 AVE
MIAMI, FL 33161

Current Mailing Address:

1792 NW 79 STREET
MIAMI, FL 33147

FEI Number: 16-1626981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLUNE, ELIE E
20462 NW 18 AVE
MIAMI, FL 33055 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 BELLUNE, ELIE E
Address 1792 NW 79 ST
City-State-Zip: MIAMI FL 33147

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: ELIE BELLUNE

PRESIDENT

02/17/2014

Electronic Signature of Signing Officer/Director Detail

Date