

**2015 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**

**PRRESIDENT**

**03/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date