

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000124284

**Entity Name:** JUAN F COLAO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

15680 N KENDALL DRIVE  
SUITE 200  
MIAMI, FL 33196

**Current Mailing Address:**

15680 N KENDALL DRIVE  
SUITE 200  
MIAMI, FL 33196 US

**FEI Number:** 52-2412774

**Certificate of Status Desired:** No

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

COLAO, JUAN F  
15680 N KENDALL DRIVE  
SUITE 200  
MIAMI, FL 33196 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 COLAO, JUAN F  
Address 18850 SW 218 ST  
City-State-Zip: MIAMI FL 33170

*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:** JUAN F COLAO

**PRESIDENT**

**01/09/2015**

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

\_\_\_\_\_  
Date