2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2014
Secretary of State
CC7080670795

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Entity Name: SKYLINE INSURANCE AGENCY, INC.

Current Principal Place of Business:

809 S.W 8 STREET
SUITE # 204
MIAMI, FL 33130

Current Mailing Address:

645 SW 7 COURT
MIAMI, FL 33130

FEI Number: 83-0445061

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTOYA, LILIANA
645 SW 7 COURT
MIAMI, FL 33130 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	VP
Name	MONTOYA, FABIOLA	Name	MONTOYA, LILIANA
Address	645 SW 7 COURT	Address	645 SW 7 COURT
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

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: LILIANA MONTOYA VICE-PRESIDENT 05/01/2014

Electronic Signature of Signing Officer/Director Detail — Date