

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120844

Entity Name: CONRADO INSURANCE, CORP.

Current Principal Place of Business:

660 9TH STREET NORTH
35A
NAPLES, FL 34102

Current Mailing Address:

660 9TH STREET NORTH
35A
NAPLES, FL 34102 US

FEI Number: 20-5622230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, CONRADO
660 9TH STREET NORTH
35A
NAPLES, FL 34102 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 FERNANDEZ, CONRADO
Address 660 9TH STREET NORTH
35A
City-State-Zip: NAPLES FL 34102

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: CONRADO FERNANDEZ

PRESIDENT

04/28/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date