

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000120844

**Entity Name:** CONRADO INSURANCE, CORP.

**Current Principal Place of Business:**

16163 SW 47 ST  
MIAMI, FL 33185

**Current Mailing Address:**

16163 SW 47 ST  
MIAMI, FL 33185 US

**FEI Number:** 20-5622230

**Certificate of Status Desired:** No

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

FERNANDEZ, CONRADO  
16163 SW 47 ST  
MIAMI, FL 33185 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        16163 SW 47 ST  
City-State-Zip: MIAMI FL 33185

*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**

**04/05/2017**

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

\_\_\_\_\_ Date