

2016 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

04/14/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date