

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000012364

Entity Name: SKY INSURANCE GROUP CORP.

Current Principal Place of Business:

2329 N STATE ROAD 7
HOLLYWOOD, FL 33021

Current Mailing Address:

PO BOX 4195
HOLLYWOOD, FL 33083 US

FEI Number: 27-1880600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE LA CRUZ, TANIA
2329 N STATED RD7
HOLLYWOOD, FL 33021 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 PS
Name DE LA CRUZ, TANIA
Address 2329 N STATE RD 7
City-State-Zip: HOLLYWOOD FL 33021

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: TANIA DE LA CRUZ

PRESIDENT

02/17/2015

Electronic Signature of Signing Officer/Director Detail

Date