

**2017 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 RD 7  
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

**OWNER**

**01/31/2017**

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

\_\_\_\_\_  
Date