**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 26, 2018**
**Secretary of State**
**CC5458341478**

DOCUMENT# P11000062781

**Entity Name:** ONE SOURCE INSURANCE GROUP INC.

**Current Principal Place of Business:**

5758 WEST FLAGLER ST
MIAMI, FL 33144

**Current Mailing Address:**

5758 WEST FLAGLER ST
MIAMI, FL 33144

**FEI Number: 45-2744340**

**Certificate of Status Desired:** No

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

MENDEZ, ELAIME
5758 WEST FLAGLER ST
MIAMI, FL 33144 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 | PD |
| Name | MENDEZ, ELAIME |
| Address | 5758 WEST FLAGLER ST |
| City-State-Zip: | MIAMI FL 33144 |

*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: ELAIME MENDEZ PRESIDENT 01/26/2018

Electronic Signature of Signing Officer/Director Detail — Date