

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000045304

**Entity Name:** MIG INSURANCE COMPANY

**Current Principal Place of Business:**

18090 COLLINS AVE  
T-14  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

18090 COLLINS AVE  
T-14  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MOKROPOULO, EDOUARD  
1243 S MLK JR ST  
A502  
CLEARWATER, FL 33756 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 MOKROPOULO, EDOUARD  
Address 1243 MLK JR ST APT A502  
City-State-Zip: CLEARWATER FL 33756

*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:** EDOUARD MOKROPOULO

**PRESIDENT**

**03/28/2016**

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

\_\_\_\_\_  
Date