

2015 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

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date