

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000074649

**FILED  
Apr 24, 2015  
Secretary of State  
CC4661545943**

**Entity Name:** ALXA INSURANCE CORP.

**Current Principal Place of Business:**

1950 SW 27TH AVE.  
202  
MIAMI, FL 33145

**Current Mailing Address:**

1950 SW 27TH AVE.  
202  
MIAMI, FL 33145 US

**FEI Number:** 47-1721510

**Certificate of Status Desired:** No

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

NAVARRETE, XAVIER A  
1950 SW 27TH AVE.  
202  
MIAMI, FL 33145 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	Title	VST
Name	NAVARRETE, XAVIER	Name	SEVILLA, ALVARO
Address	1950 SW 27TH AVE. 202	Address	1950 SW 27TH AVE. 202
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

*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:** XAVIER A. NAVARRETE

**PRESIDENT**

**04/24/2015**

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

\_\_\_\_\_  
Date