

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000016963

Entity Name: COMPLUTENSE INSURANCE INC

Current Principal Place of Business:

7222 SW 22ND STREET
MIAMI, FL 33155

Current Mailing Address:

7222 SW 22ND STREET
MIAMI, FL 33155

FEI Number: 81-1582338

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LESTER , HURTADO
7222 SW 22ND STREET
MIAMI, FL 33155 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: LESTER HURTADO

03/03/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	HURTADO, LESTER	Name	RAMOS MUNOZ, ANA B
Address	7222 SW 22ND STREET	Address	7222 SW 22ND STREET
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

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: LESTER HURTADO

PRESIDENT

03/03/2020

Electronic Signature of Signing Officer/Director Detail

Date