

**2017 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

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	HURTADO, LESTER	Name	RAMOS, ANA B
Address	7222 SW 22ND ST	Address	7222 SW 22ND ST
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

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date