

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069163

Entity Name: MAGDALENE INSURANCE GROUP, INC.**Current Principal Place of Business:**1506 W VINE STREET
KISSIMMEE, FL 34741**Current Mailing Address:**1506 W VINE STREET
KISSIMMEE, FL 34741 US**FEI Number:** 59-3529570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASTACIO, NANCY
613 HACIENDA CIRC
KISSIMMEE, FL 34741 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:** NANCY ASTACIO

03/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ASTACIO, NANCY
Address	613 HACIENDA CIRCLE
City-State-Zip:	KISSIMMEE FL 34741

Title	SEC
Name	ASTACIO, KATIA S
Address	613 HACIENDA CIRCLE
City-State-Zip:	KISSIMMEE FL 34741

Title	T
Name	ASTACIO, KAREN
Address	613 HACIENDA CIRC
City-State-Zip:	KISSIMME FL 34741

Title	ASST. SECRETARY
Name	ASTACIO, JASMINE M
Address	613 HACIENDA CIR
City-State-Zip:	KISSIMMEE FL 34741

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: NANCY ASTACIO

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03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date