

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S08819

Entity Name: CHAPLAN AND CASTRO INSURANCE AGENCY, INC.

Current Principal Place of Business:

2552 NW 7 ST
MIAMI, FL 33125

Current Mailing Address:

2552 NW 7 ST
MIAMI, FL 33125 US

FEI Number: 65-0225139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, MANUEL F
9961 SW 66 ST
MIAMI, FL 33173 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 PD
Name CASTRO, DOLORES
Address 233 ROMANO AVE
City-State-Zip: CORAL GABLES FL 33134

Title STD
Name CASTRO, DOLORES
Address 233 ROMANO AVE
City-State-Zip: CORAL GABLES FL 33134

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: DOLORES CASTRO

PRESIDENT

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date