#### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016622

Entity Name: FINANCIAL AMERICAN INSURANCE SERVICES, INC.

**FILED** Apr 03, 2017 **Secretary of State** CC3850796268

#### **Current Principal Place of Business:**

12485 SW 137TH AVE.

SUITE 300

MIAMI, FL 33186

### **Current Mailing Address:**

POST OFFICE BOX 77-0250 MIAMI, FL 33177-0250 US

FEI Number: 37-1484076 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MILLOR, MANUEL J 12485 SW 137TH AVE. SUITE 300 MIAMI, FL 33186 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 CEO, PRESIDENT, DIRECTOR Title **SECRETARY** 

MILLOR, MANUEL J GONZALEZ, ARLENE Name Name

12485 SW 137TH AVE. 12485 SW 137TH AVE. Address Address SUITE 300

SUITE 300

City-State-Zip: MIAMI FL 33186 City-State-Zip: MIAMI FL 33186

Title CHAIRMAN, DIRECTOR Title VΡ

Name BECKER, EUGENE E Name JONES, CAROL R

12485 SW 137TH AVE. 12485 SW 137TH AVE. Address Address

SUITE 300 SUITE 300

City-State-Zip: MIAMI FL 33186 City-State-Zip: MIAMI FL 33186

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.