

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000048684

**Entity Name:** WESTWARD INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

2500 NW 79TH AVENUE  
SUITE 283  
DORAL, FL 33122

**Current Mailing Address:**

2500 NW 79TH AVENUE  
SUITE 283  
DORAL, FL 33122

**FEI Number:** 32-0205246

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEREZ, MAYLIN  
931 ORIOLE AVENUE  
MIAMI SPRINGS, FL 33166 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	Title	VP
Name	PEREZ, MAYLIN	Name	PEREZ, MAYLIN
Address	931 ORIOLE AVENUE	Address	931 ORIOLE AVENUE
City-State-Zip:	MIAMI SPRINGS FL 33166	City-State-Zip:	MIAMI SPRINGS FL 33166

*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:** MAYLIN PEREZ

**PRESIDENT**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date