

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048684

Entity Name: WESTWARD INSURANCE SERVICES, INC.

Current Principal Place of Business:

4905 NW 72ND AVE
SUITE 5
MIAMI , FL 33166

Current Mailing Address:

P O BOX 668260
MIAMI , FL 33166 US

FEI Number: 32-0205246

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, MAYLIN
P O BOX 668260
MIAMI , 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
Name PEREZ, MAYLIN
Address P O BOX 668260
City-State-Zip: MIAMI 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

03/22/2021

Electronic Signature of Signing Officer/Director Detail

Date