

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000048684

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

**Current Principal Place of Business:**

931 ORIOLE AVE  
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**

**02/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date