

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000115228

**Entity Name:** KAVA INSURANCE & FINANCIAL SERVICES CORP

**Current Principal Place of Business:**

1217 N W 40TH AVE  
LAUDERHILL, FL 33313

**Current Mailing Address:**

1217 N W 40TH AVE  
LAUDERHILL, FL 33313

**FEI Number: 26-1264088**

**Certificate of Status Desired: No**

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

LALBHADOORSIGH, VLADIMIR  
1217 N W 40TH AVE  
LAUDERHILL, FL 33313 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 P  
Name LALBHADOORSINGH, VLADIMIR  
Address 9182 N W 37TH PLACE  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name LALBHADOORSINGH, THALIA A  
Address 9182 N W 37TH PLACE  
City-State-Zip: CORAL SPRINGS FL 33065

*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: VLADIMIR LALBHADOORSINGH**

**PRESIDENT**

**04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date