

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000087198

**Entity Name:** OBREGON INSURANCE, CORP.

**Current Principal Place of Business:**

1740 SW 57 AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

1740 SW 57 AVENUE  
MIAMI, FL 33155

**FEI Number:** 27-1156119

**Certificate of Status Desired:** No

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

OBREGON, ANA  
1740 SW 57 AVE  
MIAMI, FL 33155 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:** ANA OBREGON

02/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name OBREGON, ANA  
Address 1740 SW 57 AVENUE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name FARIAS, ERCILIA  
Address 1740 SW 57 AVENUE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name OBREGON, HECTOR  
Address 1740 SW 57 AVENUE  
City-State-Zip: MIAMI FL 33155

*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:** ANA OBREGON

PRESIDENT

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date