

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000100416

Entity Name: AMIGO INSURANCE & ASSOCIATES, INC.

Current Principal Place of Business:

2623 SW 147 AVE
MIAMI, FL 33185

Current Mailing Address:

2623 SW 147 AVE
MIAMI, FL 33185 US

FEI Number: 27-4343628

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNOZ, JUAN J
2623 SW 147 AVE
MIAMI, FL 33185 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 MUNOZ, JUAN
Address 2623 SW 147 AVE
City-State-Zip: MIAMI FL 33185

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: JUAN JESUS MUNOZ

PRESIDENT

05/25/2020

Electronic Signature of Signing Officer/Director Detail

Date