

**2019 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	Title	ASST. SECRETARY
Name	MUNOZ, JUAN	Name	PEREZ, PILAR MARIA
Address	2623 SW 147 AVE	Address	2623 SW 147 AVE
City-State-Zip:	MIAMI FL 33185	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 J MUNOZ**

**PRES**

**03/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date