

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000091339

Entity Name: ADA'S INSURANCE CORP

Current Principal Place of Business:

5747 NW 7TH STREET
MIAMI, FL 33126

Current Mailing Address:

5747 NW 7TH STREET
MIAMI, FL 33126

FEI Number: 45-1802632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEMAN, DALILA
5747 NW 7TH STREET
MIAMI, FL 33126 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 ALEMAN, DALILA
Address 5747 NW 7TH ST.
City-State-Zip: MIAMI FL 33126

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: DALILA ALEMAN

PRESIDENT

02/15/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date