

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000083427

**Entity Name:** MF INSURANCE INC

**Current Principal Place of Business:**

6103 AQUA AVE  
1003  
MIAMI BEACH, FL 33141--5878

**Current Mailing Address:**

6103 AQUA AVE  
1003  
MIAMI BEACH, FL 33141--5878 US

**FEI Number:** 47-2046072

**Certificate of Status Desired:** No

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

RONCA, PAUL F  
7850 NW 146TH STREET  
513  
MIAMI LAKES, FL 33016 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 D  
Name FEBRES, MICHELLE  
Address 6103 AQUA AVE#1003  
City-State-Zip: MIAMI BEACH FL 33141

*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:** MICHELLE FEBRES

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date