

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000017610

Entity Name: OLIVELLA'S INSURANCE AND SERVICES INC.

Current Principal Place of Business:

6480 SW 129TH AVE
MIAMI, FLORIDA 33183

Current Mailing Address:

P.O. BOX 831690
MIAMI, FL 33283 US

FEI Number: 47-3208374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVELLA, EDUARDO E SR.
6480 SW 129TH AVE
MIAMI, FL 33183 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 OLIVELLA, EDUARDO E SR.
Address 6480 SW 129TH AVE
City-State-Zip: MIAMI FLORIDA 33183

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: EDUARDO E OLIVELLA

PRESIDENT

01/25/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date