

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000036887

Entity Name: KROYWEN INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

1920 E HALLANDALE BCH BLVD, #806
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1920 E HALLANDALE BCH BLVD, #806
HALLANDALE BEACH, FL 33009 US

FEI Number: 81-3163211

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENGELBERG, MORRIS ESQ
1920 E HALLANDALE BCH BLVD, #806
HALLANDALE BEACH, FL 33009 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 PSTD
Name BYRD, GLENIE MARIE
Address 1526 BREAKWATER TERRACE
City-State-Zip: HOLLYWOOD FL 33019

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: GLENIE MARIE BYRD

PRESIDENT

01/02/2019

Electronic Signature of Signing Officer/Director Detail

Date