

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000087881

Entity Name: MACHADO INSURANCE CORP.

Current Principal Place of Business:

1301 W. COPANS RD.
G1
POMPANO BEACH, FL 33064

Current Mailing Address:

1301 W COPANS RD.
G1
POMPANO BEACH, FL 33064 US

FEI Number: 45-5297339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACHADO, JOSIANE
1301 W.COPANS RD.
POMPANO BEACH, FL 33064 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 MACHADO, JOSIANE
Address 1301 W.COPANS RD
 G1
City-State-Zip: POMPANO BEACH FL 33064

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: JOSIANE MACHADO

OWNER

01/14/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date