

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000034735

**Entity Name:** EXPERT INSULATION CORP

**Current Principal Place of Business:**

402 SW UKANA CT  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

402 SW UKANA CT  
PORT SAINT LUCIE, FL 34953

**FEI Number:** 82-1267293

**Certificate of Status Desired:** No

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

MOREJON YGLESIAS, LUIS G  
402 SW UKANA CT  
PORT SAINT LUCIE, FL 34953 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 MOREJON YGLESIAS, LUIS G  
Address 402 SW UKANA CT  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title VP  
Name MOREJON , JOEL  
Address 402 SW UKANA CT  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** LUIS G MOREJON YGLESIAS

**PRESIDENT**

**03/13/2021**

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

\_\_\_\_\_  
Date