

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000068669

**Entity Name:** SMARTLIFE INSURANCE, INC.

**Current Principal Place of Business:**

66 WEST FLAGLER STREET  
SUITE 900 - 3488  
MIAMI , FL 33130

**Current Mailing Address:**

66 WEST FLAGLER STREET  
SUITE 900 - 3488  
MIAMI , FL 33130 US

**FEI Number:** 82-2203937

**Certificate of Status Desired:** No

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

UNIVERSAL REGISTERED AGENTS, INC  
1317 CALIFORNIA STREET  
TALLAHASSEE, FL 32304 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:** ASHTON VILLEGAS

04/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO, DIRECTOR  
Name            CHERRY, JOSEPH  
Address        10855 S. US 1  
                  ROOM 140  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            PRESIDENT, DIRECTOR  
Name            ANAYA, STEVE  
Address        10855 S. US 1  
                  ROOM 140  
City-State-Zip: PORT ST. LUCIE FL 34952

*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:** JOSEPH CHERRY

CEO

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date