

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000044302

**Entity Name:** MOD INSURANCE INC

**Current Principal Place of Business:**

8351 WEST SUNRISE BLVD  
PLANTATION, FL 33322

**Current Mailing Address:**

8351 WEST SUNRISE BLVD  
PLANTATION, FL 33322 US

**FEI Number:** 83-0560970

**Certificate of Status Desired:** No

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

FERRADAS, MAYLIN  
2516 W 72 PLACE  
HIALEAH, FL 33016 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 FERRADAS, MAYLIN  
Address 2516 W 72 PLACE  
City-State-Zip: HIALEAH FL 33016

*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:** MAYLIN FERRADAS

**PRESIDENT**

**03/02/2022**

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

\_\_\_\_\_  
Date