

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000068552

**Entity Name:** CASTLE INSURANCE CLAIMS INC.

**Current Principal Place of Business:**

13995 SW 144 AVE UNIT 210  
MIAMI, FL 33186

**Current Mailing Address:**

13995 SW 144 AVE UNIT 210  
MIAMI, FL 33186 US

**FEI Number: 83-0123004**

**Certificate of Status Desired: No**

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

URROZ, JORGE  
5666 SW 149 PLACE  
MIAMI, FL 33193 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            URROZ, JORGE  
Address        13995 SW 144 AVE UNIT 210  
City-State-Zip: MIAMI FL 33186

*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: JORGE URROZ**

**PRESIDENT**

**03/01/2019**

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

\_\_\_\_\_ Date