

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000065288

**Entity Name:** AMERICAN INSURANCE 360 CORP

**Current Principal Place of Business:**

8865 COMMODITY CIR  
SUITE 11 OFFICE 201  
ORLANDO, FL 32819

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**7582471951CC**

**Current Mailing Address:**

8865 COMMODITY CIR  
SUITE 11 OFFICE 201  
ORLANDO, FL 32819 US

**FEI Number:** 84-2810277

**Certificate of Status Desired:** No

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

DIAZ, YOLANDA  
8865 COMMODITY CIR  
SUITE 11 OFFICE 201  
ORLANDO, FL 32819 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            DIR  
Name            DIAZ, YOLANDA  
Address        2469 SEDGE GRASS WAY  
City-State-Zip: ORLANDO FL 32824

Title            DIR  
Name            MENESES, INGRID  
Address        12024 SCRUB PALM LN  
City-State-Zip: ORLANDO FL 32824

*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:** DIAZ YOLANDA

**DIR**

**03/19/2020**

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

\_\_\_\_\_  
Date