

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000017615

**Entity Name:** FLEITES INSURANCE COMPANY INC

**Current Principal Place of Business:**

20293 SW 322ND STREET  
HOMESTEAD, FL 33030

**Current Mailing Address:**

20293 SW 322ND STREET  
HOMESTEAD, FL 33030

**FEI Number:** 88-1108865

**Certificate of Status Desired:** No

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

FLEITES, DAYRENE  
20293 SW 322ND STREET  
HOMESTEAD, FL 33030 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:** DAYRENE FLEITES

02/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	FLEITES , DAYRENE	Name	GARCIA GOMEZ, ALAIN R
Address	20293 SW 322ND STREET	Address	20293 SW 322ND STREET
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030

*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:** DAYRENE FLEITES

PRESIDENT

02/26/2024

Electronic Signature of Signing Officer/Director Detail

Date