

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000029515

**Entity Name:** AUTO MASTER PROTECTION PLAN, INC.

**Current Principal Place of Business:**

1801 W ATLANTIC BLVD.  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1801 W ATLANTIC BLVD  
POMPANO BEACH, FL 33069 US

**FEI Number:** 65-0496045

**Certificate of Status Desired:** Yes

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

BACHRODT, LOUIS CIII  
1801 W. ATLANTIC BLVD.  
POMPANO BEACH, FL 33069 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 PD  
Name BACHRODT III, LOUIS C  
Address 1801 W. ATLANTIC BLVD.  
City-State-Zip: POMPANO BEACH FL

Title VPD  
Name BACHRODT, CRAIG  
Address 1801 W. ATLANTIC BLVD  
City-State-Zip: POMPANO BEACH FL 33069

Title CFO  
Name FEINBERG, MARK  
Address 1801 W. ATLANTIC BLVD  
City-State-Zip: POMPANO BEACH FL 33069

*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:** LOUIS C BACHRODT III

**PRES**

**01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date