

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000059752

**Entity Name:** AMERICAN ASSOCIATION OF INSURANCE AND FINANCIAL PROFESSIONALS, INC.

**FILED**  
**Mar 24, 2023**  
**Secretary of State**  
**2117249803CC**

**Current Principal Place of Business:**

5104 N ORANGE BLOSSOM TRAIL  
SUITE 218  
ORLANDO, FL 32810

**Current Mailing Address:**

1765 RUSHDEN DR  
OCOE, FL 34761 US

**FEI Number: 65-0510447**

**Certificate of Status Desired: No**

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

BECERRA, ANTHONY T  
1765 RUSHDEN DR  
OCOE, FL 34761 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: ANTHONY T BECERRA**

**03/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | PDST               | Title           | VP                 |
| Name            | BECERRA, ANTHONY T | Name            | BECERRA, SUZANNE C |
| Address         | 1765 RUSHDEN DR    | Address         | 1765 RUSHDEN DR    |
| City-State-Zip: | OCOE FL 34761      | City-State-Zip: | OCOE FL 34761      |

*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: ANTHONY T BECERRA**

**PRESIDENT**

**03/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date