

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000070391

**Entity Name:** ADVANTAGE INSURANCE OF AMERICA, INC.

**Current Principal Place of Business:**

4520 NW 7 STREET  
MIAMI, FL 33126

**Current Mailing Address:**

4520 NW 7 STREET  
MIAMI, FL 33126 US

**FEI Number:** 65-0522431

**Certificate of Status Desired:** No

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

BATISTA, JACQUELINE  
4520 N. W. 7 ST.  
MIAMI, FL 33126 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	DPST	Title	VP
Name	BATISTA, JACQUELINE	Name	BATISTA, GABRIELLA F
Address	4520 N. W. 7 ST.	Address	4520 NW 7 STREET
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

*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:** JACQUELINE BATISTA

**PRESIDENT**

**04/11/2019**

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

\_\_\_\_\_  
Date