

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000017395

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

**Current Principal Place of Business:**

4520 NW 7TH ST.  
MIAMI, FL 33126

**Current Mailing Address:**

4520 NW 7TH ST.  
MIAMI, FL 33126 US

**FEI Number:** 65-0650078

**Certificate of Status Desired:** No

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

BATISTA, JACQUELINE  
4520 NW 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 PDS  
Name BATISTA, JACQUELINE.  
Address 4520 NW 7TH ST  
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:** BATISTA , JACQUELINE.

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04/24/2013

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

\_\_\_\_\_  
Date