

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000074842

**FILED  
Apr 09, 2015  
Secretary of State  
CC8932890233**

**Entity Name:** WMW INSURANCE, INC.

**Current Principal Place of Business:**

2976 SOUTH MILITARY TRAIL  
SUITE 4  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

ONE SE THIRD AVE  
2400  
MIAMI, FL 33131

**FEI Number:** 65-0777672

**Certificate of Status Desired:** No

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

HASNER, MARK  
ONE SE THIRD AVE  
2400  
MIAMI, FL 33131 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 P  
Name RUBIERA, NIRIO J  
Address 420 NW 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title VP  
Name RUBIERA, WALTER A  
Address 420 NW 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

*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:** NIRIO J RUBIERA

**PRES**

**04/09/2015**

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

\_\_\_\_\_  
Date