

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000074842

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

**Current Principal Place of Business:**

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

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

**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