

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000694

**Entity Name:** INSURANCE TRACKING SERVICES, INC.

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC7123883313**

**Current Principal Place of Business:**

100 WEST BROADWAY  
SUITE 610  
LONG BEACH, CA 90802

**Current Mailing Address:**

100 WEST BROADWAY  
SUITE 610  
LONG BEACH, CA 90802 US

**FEI Number:** 20-1066691

**Certificate of Status Desired:** No

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

EXPRESS CORPORATE FILING SERVICE, INC.  
1000 PONCE DE LEON BLVD.  
SUITE 105  
CORAL GABLES, FL 33134 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 PD  
Name LOPEZ, RICHARD  
Address 100 WEST BROADWAY  
SUITE 610  
City-State-Zip: LONG BEACH CA 90802

Title VD  
Name DE HONOR, RAYMUNDO  
Address 100 WEST BROADWAY  
SUITE 610  
City-State-Zip: LONG BEACH CA 90802

Title D  
Name PALACIOS, MICHAEL  
Address 100 WEST BROADWAY  
SUITE 610  
City-State-Zip: LONG BEACH CA 90802

Title S  
Name MLADINEO, TRISHIA  
Address 100 WEST BROADWAY  
SUITE 610  
City-State-Zip: LONG BEACH CA 90802

Title T  
Name LLAMAS, MARIA  
Address 100 WEST BROADWAY  
SUITE 610  
City-State-Zip: LONG BEACH CA 90802

*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:** RICHARD LOPEZ

PD

04/19/2017

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

\_\_\_\_\_  
Date