

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 565060

**Entity Name:** DOLLAR INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1614 NW 27 AVE.  
MIAMI, FL 33125-2140

**Current Mailing Address:**

1614 NW 27 AVE.  
MIAMI, FL 33125-2140

**FEI Number:** 59-1794137

**Certificate of Status Desired:** Yes

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

VALDES, OSCAR B.  
1614 NW 27 AVE.  
MIAMI, FL 33125 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               | Title           | TD                |
| Name            | VALDES, OSCAR B.  | Name            | VALDES, GEORGINA  |
| Address         | 1614 N.W. 27 AVE. | Address         | 1614 N.W. 27 AVE. |
| City-State-Zip: | MIAMI FL          | City-State-Zip: | MIAMI FL          |

*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:** DOLLAR INSURANCE AGENCY

**PRESIDENT**

**04/24/2019**

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

\_\_\_\_\_  
Date