

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17975

Entity Name: CHOICE ONE INSURANCE, INC.**Current Principal Place of Business:**18400 SW 97TH AVE
CUTLER BAY, FL 33157**Current Mailing Address:**18400 SW 97TH AVE
CUTLER BAY, FL 33157 US**FEI Number: 59-2073442****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MACDOUGALL, EDWARD P
18400 S.W. 97TH AVE.
CUTLER BAY, FL 33157 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	C
Name	MACDOUGALL, EDWARD P
Address	18400 FRANJO ROAD
City-State-Zip:	CUTLER BAY FL 33157

Title	PRESIDENT, SECRETARY
Name	INVERNIZZI, LIUDMILA
Address	18400 SW 97TH AVE
City-State-Zip:	CUTLER BAY FL 33157

Title	D
Name	FULLANA, MARCOS
Address	18400 FRANJO ROAD
City-State-Zip:	CUTLER BAY FL 33157

Title	CEO
Name	MACDOUGALL, ROBERT
Address	18400 FRANJO ROAD
City-State-Zip:	CUTLER BAY FL 33157

Title	COO
Name	FULLANA, KRISTIN
Address	18400 FRANJO RD.
City-State-Zip:	CUTLER BAY FL 33157

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: ROBERT MACDOUGALL**CEO****02/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date