

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F37278

**Entity Name:** DOMA INSURANCE AGENCY OF FLORIDA, INC.**Current Principal Place of Business:**760 N.W. 107TH AVENUE  
SUITE 401  
MIAMI, FL 33172**Current Mailing Address:**760 N.W. 107TH AVENUE  
SUITE 401  
MIAMI, FL 33172 US**FEI Number:** 59-2114706**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR, CEO, PRESIDENT,  
CHAIRMAN  
Name SIMKOFF, MAXWELL  
Address 760 N.W. 107TH AVENUE  
SUITE 401  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR, SECRETARY  
Name AMERI, CHRISTIAN  
Address 760 N.W. 107TH AVENUE  
SUITE 401  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR, TREASURER, CFO  
Name SMITH, MIKE  
Address 760 N.W. 107TH AVENUE  
SUITE 401  
City-State-Zip: MIAMI FL 33172

Title ASST. SECRETARY  
Name SMITH, ANDREW  
Address 760 N.W. 107TH AVENUE  
SUITE 401  
City-State-Zip: MIAMI FL 33172

Title ASST. SECRETARY  
Name DRESSER, ROSEMARY  
Address 760 N.W. 107TH AVENUE  
SUITE 401  
City-State-Zip: MIAMI FL 33172

*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:** ROSEMARY DRESSER**ASSISTANT SECRETARY** 03/14/2023\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date