

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L44194

**Entity Name:** 36TH STREET INSURANCE AGENCY, INCORPORATED

**Current Principal Place of Business:**

3652 NW 36 STREET  
MIAMI, FL 33142

**Current Mailing Address:**

3652 NW 36 STREET  
MIAMI, FL 33142

**FEI Number:** 65-0199657

**Certificate of Status Desired:** No

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

ODEN, MARIA LUISA  
6131 S.W. 5 STREET  
MARGATE, FL 33068 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 ODEN, MARIA-LUISA  
Address 6131 SW 5 ST.  
City-State-Zip: MARGATE FL 33068

Title VP  
Name ODEN, ANTHONY L  
Address 6131 S.W. 5 STREET  
City-State-Zip: MARGATE FL 33068

*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:** ANTHONY ODEN

VP

01/20/2015

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

\_\_\_\_\_  
Date