

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M05305

**Entity Name:** WEEGOT INSURANCE INC.

**Current Principal Place of Business:**

13831 SW 59 ST  
SUITE 200  
MIAMI, FL 33183

**Current Mailing Address:**

13831 SW 59 ST  
SUITE 200  
MIAMI, FL 33183 US

**FEI Number:** 59-2447642

**Certificate of Status Desired:** No

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

MORALES, GABRIEL G  
13831 SW 59 ST  
SUITE 200  
MIAMI, FL 33183 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:** GABRIEL MORALES

07/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORALES, GABRIEL G  
Address        13831 SW 59 ST  
                 SUITE 200  
City-State-Zip: MIAMI FL 33183

Title            VP, SECRETARY, TREASURER  
Name            CURIEL, BRENDA  
Address        13831 SW 59 ST  
                 SUITE 200  
City-State-Zip: MIAMI FL 33183

Title            VP, ASST. SECRETARY  
Name            BAYONA, MONICA P  
Address        13831 SW 59TH STREET  
                 SUITE 200  
City-State-Zip: MIAMI FL 33183

Title            VP  
Name            RODRIGUEZ, MYRNA  
Address        13831 SW 59TH STREET  
                 SUITE 200  
City-State-Zip: MIAMI FL 33183

*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:** GABRIEL MORALES

PRES

07/06/2017

Electronic Signature of Signing Officer/Director Detail

Date