

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M53767

Entity Name: METROPOLITAN TITLE INSURANCE AGENCY CO.

Current Principal Place of Business:

5005 COLLINS AVENUE
APARTMENT 1418
MIAMI BAFJ, FL 33140

Current Mailing Address:

5005 MIAMI BEACH
APARTMENT 1418
MIAMI BEACH, FL 33140 US

FEI Number: 65-0014434

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ISLA, LUCIANO
5005 COLLINS AVE APT 1418
MIAMI BEACH, FL 33140 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 PTD
Name ISLA, LUCIANO
Address 6625 MIAMI LAKES DRIVE EAST
 SUITE 424
City-State-Zip: MIAMI LAKES FL 33014

Title VP
Name ISLA, LYDIA M DR.
Address 5005 COLLINS AVENUE
 APARTMENT 1418
City-State-Zip: MIAMI BEACH FL 33140

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: LUCIANO ISLA

PRESIDENT

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date