

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M53767

**Entity Name:** METROPOLITAN TITLE INSURANCE AGENCY CO.

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE EAST  
SUITE 424  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6625 MIAMI LAKES DRIVE EAST  
SUITE 424  
MIAMI LAKES, FL 33014 US

**FEI Number:** 65-0014434

**Certificate of Status Desired:** No

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

ISLA, LUCIANO  
6625 MIAMI LAKES DRIVE EAST  
SUITE 424  
MIAMI LAKES, FL 33014 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 VSD  
Name ISLA, LYDIA M.  
Address 6625 MIAMI LAKES DRIVE EAST  
SUITE 424  
City-State-Zip: MIAMI LAKES FL 33014

Title VP  
Name REY, VIVIAN  
Address 6625 MIAMI LAKES DRIVE EAST  
SUITE 424  
City-State-Zip: MIAMI LAKES FL 33014

*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**

**04/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date