

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M64001

**Entity Name:** DORAL CASUALTY SYSTEMS INC.

**Current Principal Place of Business:**

16430 S.W 280 ST  
MIAMI, FL 33031

**Current Mailing Address:**

P.O.BOX 562791  
MIAMI, FL 33256 US

**FEI Number:** 65-0019867

**Certificate of Status Desired:** No

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

CABELLO, MAGDALENA  
16430 SW 280 ST.  
MIAMI, FL 33031 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 PD  
Name CABELLO, MAGDALENA  
Address 16430 SW 280 ST.  
City-State-Zip: MIAMI FL 33031

*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:** MAGDALENA CABELLO

**PRES**

**01/24/2022**

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

\_\_\_\_\_  
Date