

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000100245

**Entity Name:** MAY CASTILLO INSURANCE AGENCY, INC,

**Current Principal Place of Business:**

18400 NW 75 PL UNIT 119  
MIAMI, FL 33015

**Current Mailing Address:**

18400 NW 75 PL UNIT 119  
MIAMI, FL 33015 US

**FEI Number:** 65-1146142

**Certificate of Status Desired:** No

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

HERRANZ-CASTILLO, MAILYN  
18400 NW 75 PL UNIT 119  
MIAMI, FL 33015 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            D  
Name            HERRANZ-CASTILLO, MAILYN  
Address        18400 NW 75 PL UNIT 119  
City-State-Zip: MIAMI FL 33015

*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:** MAILYN HERRANZ-CASTILLO

**PRES**

**03/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date