

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000060999

**Entity Name:** JUAN M. SANCHEZ INSURANCE & FINANCIAL AGENCY, INC.

**Current Principal Place of Business:**

5202 SW 128 PL.  
MIAMI, FL 33175

**Current Mailing Address:**

5202 SW 128 PL.  
MIAMI, FL 33175 US

**FEI Number:** 20-2739536

**Certificate of Status Desired:** No

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

SANCHEZ, JUAN M  
5202 SW 128 PLACE  
MIAMI, FL 33175 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 SANCHEZ, JUAN M  
Address 5202 SW 128 PL.  
City-State-Zip: MIAMI FL 33175

*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:** JUAN M. SANCHEZ

**PRESIDENT**

**04/08/2021**

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

\_\_\_\_\_  
Date