#### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029469

Entity Name: REGIONS INSURANCE CONSULTANTS, INC.

Entity Name: REGIONS INSURANCE CONSULTANTS, II

## **Current Principal Place of Business:**

10585 SW 109TH CT. SUITE 207 MIAMI, FL 33176

# **Current Mailing Address:**

10585 SW 109TH CT. SUITE 207 MIAMI, FL 33176

FEI Number: 20-8593107 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SARDINAS, NORBERTO 13630 SW 98TH ST. MIAMI, FL 33186 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

FILED Jan 11, 2017

**Secretary of State** 

CC2378353355

#### Officer/Director Detail:

Title PD Title VD

NameSARDINAS, NORBERTONameMARTINEZ, DIAGORASAddress13630 SW 98TH ST.Address13630 SW 98TH ST.City-State-Zip:MIAMI FL 33186City-State-Zip:MIAMI FL 33186

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: NORBERTO SARDINAS

**PRESIDENT** 

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date