

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000051458

**Entity Name:** PEOPLE'S INSURANCE & FINANCIAL SERVICES, INC

**Current Principal Place of Business:**

996 S STATE ROAD 7  
MARGATE, FL 33068

**Current Mailing Address:**

PO BOX 190148  
FORT LAUDERDALE, FL 33319 US

**FEI Number:** 90-0385929

**Certificate of Status Desired:** No

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

BENJAMIN, OULOVIO  
7411 NW 39TH STREET  
LAUDERHILL, FL 33319 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           | P                   | Title           | SECRETARY           |
| Name            | BENJAMIN, OULOVIO   | Name            | BENJAMIN, YOLINE    |
| Address         | 7411 NW 39TH STREET | Address         | 7411 NW 39TH STREET |
| City-State-Zip: | LAUDERHILL FL 33319 | City-State-Zip: | LAUDERHILL FL 33319 |

*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:** OULOVIO BENJAMIN

**PRESIDENT**

**03/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date