

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000086895

**Entity Name:** BLUE OCEAN INSURANCE AGENCY CORP.

**Current Principal Place of Business:**

15800 PINES BLVD.  
STE. 342  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15800 PINES BLVD.  
STE. 342  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 26-3396868

**Certificate of Status Desired:** No

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

JUAN CARLOS ECHEVERRI  
16091 BLATT BLVD., APT 401  
WESTON, FL 33326 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  
Name ECHEVERRI, JUAN C  
Address 16091 BLATT BLVD., APT 401  
City-State-Zip: WESTON FL 33326

*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 ECHEVERRI

P

03/04/2019

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

\_\_\_\_\_  
Date