

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000058023

**Entity Name:** MATTOS INSURANCE, INC.

**Current Principal Place of Business:**

569 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

569 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064

**FEI Number:** 27-0507250

**Certificate of Status Desired:** No

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

D SILVA, ANDREA K S  
569 E SAMPLE RD  
POMPANO BEACH, FL 33064 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:** ANDREA K S D SILVA

03/30/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name D SILVA, ANDREA K S  
Address 2021 NW 37TH AVE  
City-State-Zip: COCONUT CREEK FL 33066

Title P  
Name FILHO, ANDRE S  
Address 2021 NW 37TH AVE  
City-State-Zip: COCONUT CREEK FL 33066

Title AGENT  
Name AGUILAR, JOSE  
Address 569 E SAMPLE ROAD  
City-State-Zip: POMPANO BEACH FL 33064

*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:** ANDREA K S D SILVA

P

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date