

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000057658

**Entity Name:** D'ANDRE INSURANCE GROUP, INC.

**Current Principal Place of Business:**

3540 LOQUAT AVENUE  
MIAMI, FL 33133

**Current Mailing Address:**

3540 LOQUAT AVENUE  
MIAMI, FL 33133

**FEI Number:** 27-3060868

**Certificate of Status Desired:** Yes

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

SHENKMAN, PHILIP  
12946 S.W. 133RD COURT  
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

**Officer/Director Detail :**

Title CHAIRMAN, CEO, PRESIDENT  
Name D'ANDRE, CARLA  
Address 3540 LOQUAT AVENUE  
City-State-Zip: MIAMI FL 33133

*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:** CARLA D'ANDRE

**CEO AND PRESIDENT**

**03/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date