

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000095633

**Entity Name:** ASI FLORIDA INSURANCE, INC.

**Current Principal Place of Business:**

7171 CORAL WAY, #209  
MIAMI, FL 33155

**Current Mailing Address:**

7171 CORAL WAY, #209  
MIAMI, FL 33155

**FEI Number:** 45-3715702

**Certificate of Status Desired:** No

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

RASSNER, WAYNE H ESQ.  
7700 N. KENDALL DRIVE, SUITE 509  
MIAMI, FL 33156 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           | DP                  | Title           | CEOD                |
| Name            | PENA, JACQUELINE    | Name            | PENA, JORGE         |
| Address         | 7171 CORAL WAY #209 | Address         | 7171 CORAL WAY #209 |
| City-State-Zip: | MIAMI FL 33155      | City-State-Zip: | MIAMI FL 33155      |

*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:** JORGE PENA

**CEO**

**01/15/2018**

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

\_\_\_\_\_  
Date