

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000099069

**Entity Name:** FERNANDEZ & FERNANDEZ INSURANCE INC.

**Current Principal Place of Business:**

6285 SW 40 ST  
MIAMI, FL 33155

**Current Mailing Address:**

6285 SW 40 ST  
MIAMI, FL 33155

**FEI Number:** 30-0706103

**Certificate of Status Desired:** Yes

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

FERNANDEZ, ZOILA  
6285 SW 40 ST  
MIAMI, FL 33155 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  
Name FERNANDEZ, ZOILA  
Address 6285 SW 40 ST  
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:** ZOILA FERNANDEZ

DP

04/28/2017

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

\_\_\_\_\_ Date