

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000099069

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

**Current Principal Place of Business:**

14380 SW 139 CT.  
MIAMI, FL 33186

**Current Mailing Address:**

14380 SW 139 CT.  
MIAMI, FL 33186 US

**FEI Number:** 30-0706103

**Certificate of Status Desired:** No

**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            SECRETARY  
Name            FERNANDEZ, ZOILA  
Address        6285 SW 40 ST  
City-State-Zip: MIAMI FL 33155

Title            PRESIDENT  
Name            FERNANDEZ, WILLIAM  
Address        7921 SW 176 STREET  
City-State-Zip: PALMETTO BAY FL 33157

*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:** WILLIAM FERNANDEZ

**PRESIDENT**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date