**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 06, 2021**
**Secretary of State**
**9457612609CC**

DOCUMENT# P12000072745

**Entity Name:** A.M.A INSURANCE SERVICES INC

**Current Principal Place of Business:**

9631 NW 16TH COURT
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9631 NW 16TH COURT
PEMBROKE PINES, FL 33024 US

**FEI Number: 46-0935958**

**Certificate of Status Desired:** No

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

AYALA, VANESSA
9631 NW 16TH COURT
PEMBROKE PINES, FL 33024 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 | P |
| Name | AYALA, VANESSA |
| Address | 9631 NW 16TH COURT |
| City-State-Zip: | PEMBROKE PINES FL 33024 |

*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: VANESSA AYALA PRESIDENT 04/06/2021

Electronic Signature of Signing Officer/Director Detail — Date