

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000045304

Entity Name: MIG INSURANCE CORP

Current Principal Place of Business:

18090 COLLINS AVE
T-14
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

18090 COLLINS AVE
T-14
SUNNY ISLES BEACH, FL 33160

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOKROPOULO, EDOUARD
1685 TRAILHEAD TER
HOLLYWOOD, FL 33021 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 MOKROPOULO, EDOUARD
Address 1685 TRAILHEAD TER
City-State-Zip: HOLLYWOOD FL 33021

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: EDOUARD MOKROPOULO

PRES

02/10/2023

Electronic Signature of Signing Officer/Director Detail

Date