

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000047166

Entity Name: ODALYS INSURANCE INC

Current Principal Place of Business:

795-B WEST 49 ST
HIALEAH, FL 33012

Current Mailing Address:

795-B WEST 49 ST
HIALEAH, FL 33012 US

FEI Number: 46-2901714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALPIZAR, ODALYS
795-B WEST 49 ST
HIALEAH, FL 33012 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, S
Name ALPIZAR, ODALYS
Address 795-B WEST 49 ST
City-State-Zip: HIALEAH FL 33012

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: ODALYS ALPIZAR

PRESIDENT

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date