

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000034514

**Entity Name:** MIL INSURANCE SOLUTIONS CORP

**Current Principal Place of Business:**

818 BELVEDERE RD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

528 NW 7TH AVE  
MIAMI, FL 33136 US

**FEI Number:** 46-5408605

**Certificate of Status Desired:** No

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

CARRERA & AMADOR, P.A.  
221 SW 42ND AVE  
3RD FLOOR  
CORAL GABLES, FL 33134 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:** CARRERA, JUAN M

03/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	HERRERA, IVAN A	Name	CASTRO, LUIS
Address	528 NW 7TH AVE	Address	528 NW 7TH AVE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136

*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:** HERRERA , IVAN A

CEO

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date