

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000008332

**Entity Name:** JC INSURANCE, INC.

**Current Principal Place of Business:**

12159 SW 132 CT  
203  
MIAMI, FL 33186

**Current Mailing Address:**

11520 SW 144 PATH  
MIAMI, FL 33186 US

**FEI Number: 36-4809228**

**Certificate of Status Desired:** No

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

OLIVER, YORDANO  
11520 SW 144 PATH  
MIAMI, FL 33186 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	PTSD	Title	VP
Name	OLIVER, YORDANO	Name	OLIVER, VENANCIO
Address	11520 SW 144 PATH	Address	11520 SW 144 PATH
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

*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: YORDANO OLIVER**

**PRESIDENT**

**04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date