

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000011665

Entity Name: ONE SHOP INSURANCE CORP

Current Principal Place of Business:

211 NEWLAKE DR.
BOYNTON BEACH, FL 33426

Current Mailing Address:

211 NEWLAKE DR.
BOYNTON BEACH, FL 33426 US

FEI Number: 47-3008637

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUM, PABLO
211 NEWLAKE DR.
BOYNTON BEACH, FL 33426 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 BLUM, PABLO
Address 211 NEWLAKE DR.
City-State-Zip: BOYNTON BEACH FL 33426

Title VP
Name BLUM, JULISSA
Address 211 NEWLAKE DR.
City-State-Zip: BOYNTON BEACH FL 33426

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: PABLO BLUM

P

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date