

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000011665

**Entity Name:** ONE SHOP INSURANCE CORP

**Current Principal Place of Business:**

3423 JOG PARK DRIVE  
GREENACRES, FL 33467

**Current Mailing Address:**

3423 JOG PARK DRIVE  
GREENACRES, FL 33467 US

**FEI Number:** 47-3008637

**Certificate of Status Desired:** No

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

BLUM, PABLO  
3423 JOG PARK DRIVE  
GREENACRES, FL 33467 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 3423 JOG PARK DRIVE  
City-State-Zip: GREENACRES FL 33467

*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 ADOLFO BLUM

**PRESIDENT**

**02/13/2024**

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

\_\_\_\_\_ Date