## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000018985

Entity Name: INSURECHOICE INSURANCE INC.

**Current Principal Place of Business:** 

2720 SW 97TH AVE.

#105

MIAMI, FL 33165

**Current Mailing Address:** 

2720 SW 97TH AVE.

#105

MIAMI, FL 33165 US

FEI Number: 47-3315107 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAJARDO, JAAFER 2720 SW 97TH AVE.

MIAMI, FL 33165 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: JAAFER FAJARDO 01/16/2017

> Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title

FAJARDO, JAAFER Name 2720 SW 97TH AVE. Address

#105

SIGNATURE: JAAFER FAJARDO

City-State-Zip: MIAMI FL 33165

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/16/2017

**FILED** Jan 16, 2017

**Secretary of State** 

CC9844555659

Date