

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000048471

**Entity Name:** ANGELL'S INSURANCE SPECIALIST INC

**Current Principal Place of Business:**

87 NE 44TH STREET  
STE 6  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

87 NE 44TH STREET  
STE 6  
OAKLAND PARK, FL 33334 US

**FEI Number:** 81-2804886

**Certificate of Status Desired:** No

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

ANGELL, RAYON D  
1100 NW 18 COURT  
FORT LAUDERDALE, FL 33311 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 ANGELL, RAYON D  
Address 1100 NW 18TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33311

*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:** RAYON ANGELL

**PRESIDENT**

**04/27/2018**

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

\_\_\_\_\_  
Date