

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000061399

**Entity Name:** JULES INSURANCE AGENCY INC.

**Current Principal Place of Business:**

8205 SW 12TH ST  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

8205 SW 12TH ST  
NORTH LAUDERDALE, FL 33068 US

**FEI Number: 81-3246028**

**Certificate of Status Desired: Yes**

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

JULES, EVENS  
8205 SW 12TH ST  
NORTH LAUDERDALE, FL 33068 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            CEO  
Name            JULES, EVENS  
Address        8205 SW 12TH ST  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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: EVENS JULES**

**CEO**

**04/03/2017**

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

\_\_\_\_\_  
Date