

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000010994

**Entity Name:** ALJURE INSURANCE INC

**Current Principal Place of Business:**

18503 PINES BLVD 313  
313  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18503 PINES BLVD 313  
313  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 81-5254247

**Certificate of Status Desired:** No

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

ALJURE, JUANCARLOS  
18503 PINES BLVD 313  
313  
PEMBROKE PINES, FL 33029 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:** JUANCARLOS ALJURE

04/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ALJURE, JUANCARLOS  
Address 18503 PINES BLVD 313  
313  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name ALJURE, ANAMARIA  
Address 18503 PINES BLVD 313  
313  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** JUANCARLOS ALJURE

JC@ALJURE.NET

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date