

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000014115

Entity Name: MIDTOWN INSURANCE SERVICES, INC

Current Principal Place of Business:

1462 EAST 14 ST
HIALEAH, FL 33010

Current Mailing Address:

1462 EAST 14 ST
HIALEAH, FL 33010

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILA ALMOLDA, MARIA
1462 EAST 4 AVE
HIALEAH, FL 33010 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 VILA ALMOLDA, MARIA
Address 3470 EAST COAST AVE
H805
City-State-Zip: MIAMI FL 33134

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: MARIA VILA ALMOLDA

PRESIDENT

04/25/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date