

**2018 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

**PRES**

**01/16/2018**

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

\_\_\_\_\_  
Date