

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000001180

**Entity Name:** M & M FAVOR INSURANCE INC.

**Current Principal Place of Business:**

1815 NW 18TH ST  
APT #203  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1815 NW 18TH STREET  
APT. # 203  
DELRAY BEACH, FL 33445 US

**FEI Number:** 82-4014007

**Certificate of Status Desired:** No

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

VALLE, MARISOL  
1815 NW 18TH STREET  
203  
DELRAY BEACH, FL 33445 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 VALLE, MARISOL  
Address 1815 NW 18TH ST  
APT #203  
City-State-Zip: DELRAY BEACH FL 33445

*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:** MARISOL VALLE

**PRESIDENT**

**03/11/2025**

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

\_\_\_\_\_  
Date