The above na SIGNATU	amed entity submits this statement for the purpose of chang	ing its registered office or r	egistered agent, or both, in the State of Florida.	
	Electronic Signature of Registered Agent			
Officer/D	irector Detail :			
Title	PTSD	Title	VD	
Name	GUZMAN, NORMA YOLANDA	Name	FUENTE, JESSICA DE LA	

2021	FLORIDA PROFIT CORPORATION ANNUAL REPORT	
2021	FLURIDA FRUFII CURFURATION ANNUAL REFURI	

DOCUMENT# P18000034361

Entity Name: EQUILIBRIO INSURANCE INC.

Current Principal Place of Business:

2316 SW 34TH WAY FORT LAUDERDALE, FL 33312

Current Mailing Address:

2316 SW 34TH WAY FORT LAUDERDALE. FL 33312 US

FEI Number: 82-5149702

Address

Name and Address of Current Registered Agent:

2316 SW 34TH WAY

City-State-Zip: FORT LAUDERDALE FL 33312

GUZMAN, NORMA Y 2316 SW 34TH WAY FORT LAUDERDALE, FL 33312 US

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: NORMA YOLANDA GUZMAN

Electronic Signature of Signing Officer/Director Detail

01/29/2021

FILED Jan 29, 2021 Secretary of State 3404804079CC

Date

Certificate of Status Desired: No

FUENTE, JESSICA DE LA 9311 ORANGE GROVE DRIVE APT 212 DAVIE FL 33324

Name Address

City-State-Zip:

PRESIDENT

Date