

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000075959

**Entity Name:** EM INSURANCE SERVICES INC

**Current Principal Place of Business:**

1 SW 129TH AVE  
107  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1 SW 129TH AVE  
107  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 83-1855001

**Certificate of Status Desired:** No

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

ORTA, ELIZABETH M  
5461 SW 162ND CT  
MIAMI, FL 33185 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 ORTA, ELIZABETH M  
Address 5461 SW 162ND CT  
City-State-Zip: MIAMI FL 33185

*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:** ELIZABETH ORTA

**PRESIDENT**

**02/16/2024**

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

\_\_\_\_\_  
Date