

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000008267

**Entity Name:** ALEXA ASSURANCE CORP

**Current Principal Place of Business:**

16900 N BAY RD  
602  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16900 N BAY RD  
602  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 83-3254160

**Certificate of Status Desired:** No

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

MOREIRA, RICARDO  
16900 N BAY RD  
602  
SUNNY ISLES BEACH, FL 33160 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 MOREIRA, RICARDO  
Address 16900 N BAY RD  
602  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP  
Name VELEZ, ABIGAIL  
Address 16900 N BAY RD  
602  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** RICARDO MOREIRA

**PRESIDENT**

**04/25/2023**

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

\_\_\_\_\_  
Date