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.

PRESIDENT

SIGNATURE: RICARDO MOREIRA

Electronic Signature of Signing Officer/Director Detail

7500 NW 107TH PL DORAL, FL 33178

Current Principal Place of Business:

Entity Name: ALEXA ASSURANCE CORP

Current Mailing Address:

DOCUMENT# P1900008267

7500 NW 107TH PL DORAL, FL 33178 US

FEI Number: 83-3254160

Name and Address of Current Registered Agent:

MOREIRA, RICARDO 7500 NW 107TH PL DORAL, FL 33178 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

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Officer/

Title	P	Title	VP
Name	MOREIRA, RICARDO	Name	VELEZ, ABIGAIL
Address	7500 NW 107TH PL	Address	7500 NW 107TH PL
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

Certificate of Status Desired: No

Date

01/11/2024 Date