

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000021516

**Entity Name:** A.V. INSURANCE, INC.

**Current Principal Place of Business:**

2409 NW 79 ST  
SUITE 1  
MIAMI, FL 33147

**Current Mailing Address:**

2409 NW 79 ST  
SUITE 1  
MIAMI, FL 33147 US

**FEI Number:** 83-4008197

**Certificate of Status Desired:** No

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

ANDERSON, VERBERT C  
2409 NW 79 ST  
SUITE 1  
MIAMI, FL 33147 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:** VERBERT C ANDERSON

03/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	ANDERSON, VERBERT C
Address	2409 NW 79 ST SUITE 1
City-State-Zip:	MIAMI FL 33147
Title	ASST. SECRETARY, TREASURER
Name	OCASIO, SAMYRA D
Address	1951 NW 79 ST APT 201
City-State-Zip:	MIAMI FL 33147

Title	SECRETARY
Name	ANDERSON, CONSTANCE
Address	2409 NW 79 ST SUITE 1
City-State-Zip:	MIAMI FL 33147

*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:** VERBERT C. ANDERSON

PRESIDENT

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date