

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000017951

**Entity Name:** A.V.A CONSULTING INSURANCE GROUP CORP

**Current Principal Place of Business:**

5545 SW 8TH STREET  
102  
MIAMI, FL 33134

**Current Mailing Address:**

12251 SW 2ND ST  
MIAMI, FL 33184 US

**FEI Number:** 84-4957886

**Certificate of Status Desired:** Yes

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

WILLE BILLE, ANDREA E  
12251 SW 2ND ST  
MIAMI, FL 33184 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 WILLE BILLE, ANDREA E  
Address 5545 SW 8TH STREET, #102  
City-State-Zip: MIAMI FL 33134

Title S  
Name RUIZ, EDUARDO  
Address 5545 SW 8TH STREET, #102  
City-State-Zip: MIAMI FL 33134

Title S  
Name BASILIADES, AGUSTIN  
Address 5545 SW 8TH STREET, #102  
City-State-Zip: MIAMI FL 33134

Title S  
Name BASILIADES, VALENTINA  
Address 5545 SW 8TH STREET, #102  
City-State-Zip: MIAMI FL 33134

*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:** ANDREA WILLE BILLE

**PRESIDENT**

**04/04/2024**

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

\_\_\_\_\_  
Date