

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000088480

**Entity Name:** DOS REIS INSURANCE CORP

**Current Principal Place of Business:**

8249 NW 36TH STREET  
SUITE 116  
DORAL, FL 33166

**Current Mailing Address:**

8249 NW 36TH STREET  
SUITE 116  
DORAL, FL 33166 US

**FEI Number:** 85-4190709

**Certificate of Status Desired:** No

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

DOS REIS, MORELA  
8249 NW 36TH STREET  
SUITE 116  
DORAL, FL 33166 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            DOS REIS, MORELA  
Address        7805 CAMINO REAL H102  
City-State-Zip: MIAMI FL 33143

Title            VP  
Name            CADENAS, HUGO  
Address        7805 CAMINO REAL H102  
City-State-Zip: MIAMI FL 33143

*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:** MORELA DOS REIS

**PRESIDENT**

**04/26/2021**

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

\_\_\_\_\_  
Date