

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000008364

**FILED**  
**Feb 10, 2024**  
**Secretary of State**  
**8763409237CC**

**Entity Name:** TU ANGEL INSURANCE CORP

**Current Principal Place of Business:**

3324 W 90TH ST  
HIALEAH, FL 33018

**Current Mailing Address:**

3324 W 90TH ST  
HIALEAH, FL 33018 US

**FEI Number: 86-2173694**

**Certificate of Status Desired: No**

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

PARTIDAS, ANGELICA  
3324 W 90TH ST  
HIALEAH, FL 33018 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	Title	VP
Name	PARTIDAS, ANGELICA	Name	FASSRAINER, MARIA
Address	3324 W 90TH ST	Address	3324 W 90TH ST
City-State-Zip:	HIALEAH FL 33018	City-State-Zip:	HIALEAH FL 33018

*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: ANGELICA PARTIDAS**

**P**

**02/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date