

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000013891

**Entity Name:** PARKVIEW INSURANCE GROUP INC

**Current Principal Place of Business:**

18191 NW 68 AVE  
SUITE 215  
MIAMI, FL 33015

**Current Mailing Address:**

18191 NW 68 AVE  
SUITE 215  
MIAMI, FL 33015 US

**FEI Number:** 86-2134416

**Certificate of Status Desired:** No

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

IZQUIERDO, MARIA L  
18191 NW 68 AVE  
SUITE 215  
MIAMI, FL 33015 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            | IZQUIERDO, MARIA L           | Name            | URRA, ABEL                   |
| Address         | 18191 NW 68 AVE<br>SUITE 215 | Address         | 18191 NW 68 AVE<br>SUITE 215 |
| City-State-Zip: | MIAMI FL 33015               | City-State-Zip: | MIAMI FL 33015               |

*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:** MARIA L IZQUIERDO

P

01/10/2024

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

\_\_\_\_\_  
Date