2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2024
Secretary of State
2775356081CC

DOCUMENT# P21000029021

Entity Name: MY INSURANCE CENTER, INC.

Current Principal Place of Business:

4548 WEST 14TH CT
HIALEAH, FL 33012

Current Mailing Address:

4548 W 14TH CT
HIALEAH, FL 33012 US

FEI Number: 86-3003335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTHA C MENDEZ GARCIA
4548 WEST 14TH CT
HIALEAH, FL 33012 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	MENDEZ GARCIA, MARTHA C	Name	RAMIREZ, JAIME A
Address	4548 WEST 14TH CT	Address	4548 WEST 14TH CT
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

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: MARTHA C MENDEZ GARCIA PRESIDENT 04/30/2024

Electronic Signature of Signing Officer/Director Detail — Date