

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000044690

**Entity Name:** E. MARK INSURANCE, INC.

**Current Principal Place of Business:**

530 SW 92 PASSAGE  
MIAMI, FL 33174

**Current Mailing Address:**

530 SW 92 PASSAGE  
MIAMI, FL 33174

**FEI Number:** 87-0829434

**Certificate of Status Desired:** No

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

MARK, ELENA  
530 SW 92 PASSAGE  
MIAMI, FL 33174 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 MARK, ELENA  
Address 530 SW 92 PASSAGE  
City-State-Zip: MIAMI FL 33174

*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:** ELENA MARK

**PRESIDENT**

**03/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date