

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000070808

**Entity Name:** MACYATMIAMI INSURANCE CORP

**Current Principal Place of Business:**

259 PARK BLVD  
MIAMI, FL 33126

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**0379340907CC**

**Current Mailing Address:**

230 SALAMANCA AVE  
APT 12  
CORAL GABLES, FL 33134 US

**FEI Number:** 92-0288043

**Certificate of Status Desired:** No

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

LOYO LOZADA, ADASOL  
230 SALAMANCA AVE  
APT 12  
CORAL GABLES, FL 33134 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	LOYO LOZADA, ADASOL	Name	CASANOVA, MANUEL
Address	230 SALAMANCA AVE	Address	8059 NW 8ST TH UNIT 5
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33126

*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:** ADASOL LOYO LOZADA

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04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date