

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000037877

**Entity Name:** ACN INSURANCE SERVICES INC

**Current Principal Place of Business:**

14221 SW 94 CIRCLE LANE  
APT 101  
MIAMI, FL 33186

**Current Mailing Address:**

14221 SW 94TH CIRCLE LANE  
APT 101  
MIAMI, FL 33186

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CORDOBA, ELIZABETH  
14221 SW 94TH CIRCLE LANE  
APT 101  
MIAMI, FL 33186 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 CORDOBA, ELIZABETH  
Address 14221 SW 94TH CIRCLE LANE APT  
101  
City-State-Zip: MIAMI FL 33186

*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:** ELIZABETH CORDOBA

**PRESIDENT**

**04/25/2024**

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

\_\_\_\_\_  
Date