

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S08819

**Entity Name:** CHAPLAN AND CASTRO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2552 NW 7 ST  
MIAMI, FL 33125

**Current Mailing Address:**

2552 NW 7 ST  
MIAMI, FL 33125 US

**FEI Number:** 65-0225139

**Certificate of Status Desired:** No

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

CASTRO, MANUEL F  
9961 SW 66 ST  
MIAMI, FL 33173 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 PD  
Name CASTRO, DOLORES  
Address 233 ROMANO AVE  
City-State-Zip: CORAL GABLES FL 33134

Title STD  
Name CASTRO, DOLORES  
Address 233 ROMANO AVE  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name CASTRO, MANUEL F.  
Address 9961 SW 66 ST  
City-State-Zip: MIAMI FL 33173

*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:** MANUEL CASTRO

VP

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date