

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V16812

**Entity Name:** F.B. INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

14735 SW 99 LANE  
MIAMI, FL 33196

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**9748829574CC**

**Current Mailing Address:**

14735 SW 99 LANE  
MIAMI, FL 33196 US

**FEI Number:** 65-0315305

**Certificate of Status Desired:** No

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

BOULOS, FERNAND  
14735 SW 99TH LN  
MIAMI, FL 33196 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            PRESIDENT  
Name            BOULOS, FERNAND  
Address        14735 SW 99 LANE  
City-State-Zip: MIAMI FL 33196

Title            VP  
Name            BOULOS, MARIE GINA  
Address        14735 SW 99 LANE  
City-State-Zip: MIAMI FL 33196

*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: MARIE GINA BOULOS**

**VP**

**04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date