

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37672

FILED
Jan 31, 2024
Secretary of State
5831158976CC

Entity Name: PEDRAZA INSURANCE CORPORATION

Current Principal Place of Business:

15900 PINES BLVD
#212
PEMBROKE PINES, FL 33027

Current Mailing Address:

15900 PINES BLVD
#212
PEMBROKE PINES, FL 33027 US

FEI Number: 65-0333834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEDRAZA, LIVIA M
15900 PINES BLVD
#212
PEMBROKE PINES, FL 33027 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 PEDRAZA, LIVIA M
Address 15900 PINES BLVD
#212
City-State-Zip: PEMBROKE PINES FL 33027

Title D
Name PEDRAZA, JOEL A
Address 15900 PINES BLVD
#212
City-State-Zip: PEMBROKE PINES FL 33027

Title VP
Name PEDRAZA, JACQUELINE O
Address 15900 PINES BLVD
#212
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR
Name DEL CASTILLO, JOLENE J
Address 15900 PINES BLVD
#212
City-State-Zip: PEMBROKE PINES FL 33027

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: LIVIA M PEDRAZA

PRESIDENT

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date