

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V37672

**FILED**  
**Jan 02, 2018**  
**Secretary of State**  
**CC3414770410**

**Entity Name:** PEDRAZA INSURANCE CORPORATION

**Current Principal Place of Business:**

8555 NW 186TH STREET  
HIALEAH, FL 33015

**Current Mailing Address:**

8555 NW 186TH STREET  
HIALEAH, FL 33015 US

**FEI Number:** 65-0333834

**Certificate of Status Desired:** No

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

PEDRAZA, LIVIA M  
8555 NW 186TH STREET  
HIALEAH, FL 33015 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	D
Name	PEDRAZA, LIVIA M	Name	PEDRAZA, JOEL A
Address	8555 NW 186 STREET	Address	8555 NW 186 STREET
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015
Title	VP		
Name	PEDRAZA, JACQUELINE O		
Address	8555 NW 186TH STREET		
City-State-Zip:	HIALEAH FL 33015		

*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

P

01/02/2018

Electronic Signature of Signing Officer/Director Detail

Date