

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37672

FILED
Feb 03, 2017
Secretary of State
CC5349818035

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

PRESIDENT

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date