

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000241

Entity Name: MST INSURANCE SOLUTIONS, INC.**Current Principal Place of Business:**21241 WESTERN AVENUE, SUITE 200
TORRANCE, CA 90501**Current Mailing Address:**21241 WESTERN AVENUE, SUITE 200
TORRANCE, CA 90501 US**FEI Number:** 26-3547927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	NAKAMURA, DAISUKE
Address	21241 WESTERN AVENUE, SUITE 200
City-State-Zip:	TORRANCE CA 90501

Title	STD
Name	SASAHARA, EMIKO
Address	21241 WESTERN AVENUE, SUITE 200
City-State-Zip:	TORRANCE CA 90501

Title	D
Name	MURAKAMI, ATSUSHI
Address	21241 S. WESTERN AVE - STE. 200
City-State-Zip:	TORRANCE CA 90501

Title	D
Name	MURAKAMI, TAKESHI
Address	21241 S WESTERN AVENUE SUITE 200
City-State-Zip:	TORRANCE CA 90501

Title	DIRECTOR
Name	HONDA, TOMOYASU
Address	21241 S WESTERN AVENUE SUITE 200
City-State-Zip:	TORRANCE CA 90501

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: EMIKO SASAHARA**SECRETARY****01/24/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date