

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011061

**Entity Name:** FLORIDA ASSOCIATION OF MOTORIST SERVICE PROVIDERS  
INC.**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**8547711849CC****Current Principal Place of Business:**11295 S DIXIE HWY  
PINECREST, FL 33156**Current Mailing Address:**11295 S DIXIE HWY  
PINECREST, FL 33156**FEI Number: 45-3941513****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AUTO TAG AGENCY, INC,  
11293-A S. DIXIE HWY.  
MIAMI, FL 33156 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: PERRY COLE****02/01/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title D  
Name DE LA VIESCA, JOE  
Address 11295 S DIXIE HWY  
City-State-Zip: PINECREST FL 33156Title D  
Name COLE, TRAVIS  
Address 11295 S DIXIE HWY  
City-State-Zip: PINECREST FL 33156Title D  
Name FARIAS, SOMAY  
Address 11295 S DIXIE HWY  
City-State-Zip: PINECREST FL 33156Title D  
Name FERRAND, MARY  
Address 11295 S DIXIE HWY  
City-State-Zip: PINECREST FL 33156Title D  
Name COWART, LON  
Address 11295 S DIXIE HWY  
City-State-Zip: PINECREST FL 33156Title D  
Name PRETE, RICK  
Address 11295 S DIXIE HWY  
City-State-Zip: PINECREST FL 33156

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TRAVIS COLE****DIRECTOR****02/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date