

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000018660

**Entity Name:** O2 INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

110 E BROWARD BLVD, STE 1700  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

261 RUE ST-JACQUES QUEST STE 100 & 200  
MONTREAL, QC H2Y 1M6 CANADA, FL US

**FEI Number:** 38-3993973

**Certificate of Status Desired:** No

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

JIMENEZ LAW OFFICES, P.A.  
205 SE 20TH STREET  
FORT LAUDERDALE, FL 33316 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 KALIN, KANDACE  
Address 261 RUE ST-JACQUES QUEST  
STE 100 & 200  
City-State-Zip: MONTREAL QUEBEC H2Y1M6

*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:** KANDACE KALIN

P

01/15/2020

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date