

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J86345

**FILED**  
**Jan 11, 2016**  
**Secretary of State**  
**CC3909693168**

**Entity Name:** ROCHE SURETY, INC.

**Current Principal Place of Business:**

4107 NORTH HIMES AVENUE - 2ND FLOOR  
TAMPA, FL 33607

**Current Mailing Address:**

4107 NORTH HIMES AVENUE - 2ND FLOOR  
TAMPA, FL 33607 US

**FEI Number:** 59-2835007

**Certificate of Status Desired:** Yes

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

MARTIN, MELISA M  
4107 NORTH HIMES AVENUE - 2ND FLOOR  
TAMPA, FL 33607 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 CEO  
Name ROCHE, ARMANDO  
Address 12130 FORT KING HWY  
City-State-Zip: THONOTOSASSA FL

Title DIRECTOR  
Name ROCHE, LINDA  
Address 12130 FORT KING HWY  
City-State-Zip: THONOTOSASSA FL 33592

Title D  
Name PRIDA, LOU  
Address 1106 NORTH FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

Title PD  
Name ROCHE, SHANNON  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

Title SECRETARY, TREASURER  
Name MARTIN, MELISA M  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

Title D  
Name POLLOCK SR., GEORGE A  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name PRIDA, ANDRES  
Address 1106 NORTH FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name POLLACK, GEORGE JR.  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

**Continues on page 2**

*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:** MELISA MARTIN

**SECRETARY/TREASURER** 01/11/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CABALLERO, JOSEPH  
Address        401 SOUTH FLORIDA AVENUE  
                  SUITE 100  
City-State-Zip: TAMPA FL 33602