

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033384

Entity Name: DASILVA INSURANCE AGENCY.INC.

Current Principal Place of Business:

3514 OKEECHOBEE RD
STE 7
FORT PIERCE, FL 34947

Current Mailing Address:

P. O. BOX 12266
FORT PIERCE, FL 34949

FEI Number: 20-8630866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DASILVA, LEILA
2930 YATES RD
FORT PIERCE, FL 34981 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: LEILA DASILVA

02/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	S
Name	DASILVA, LEILA	Name	DASILVA, LEILA
Address	P. O. BOX 12266	Address	P. O. BOX 12266
City-State-Zip:	FORT PIERCE FL 34949	City-State-Zip:	FORT PIERCE FL 34949

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: LEILA DASILVA

PRESIDENT

02/17/2017

Electronic Signature of Signing Officer/Director Detail

Date