

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000053351

**Entity Name:** PINTO INSURANCE AGENCY, INC

**Current Principal Place of Business:**

9300 S. DADELAND BLVD  
SUITE 100  
MIAMI, FL 33156

**Current Mailing Address:**

9300 S DADELAND BLVD  
SUITE 100  
MIAMI, FL 33156 US

**FEI Number:** 47-1171190

**Certificate of Status Desired:** No

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

PINTO, JONATHAN  
9300 S. DADELAND BLVD  
SUITE 100  
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:** JONATHAN PINTO

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name PINTO, MICHAEL  
Address 9300 S DADELAND BLVD  
SUITE 100  
City-State-Zip: MIAMI FL 33156

Title PRESIDENT  
Name JONATHAN , PINTO  
Address 9300 S DADELAND BLVD  
SUITE 100  
City-State-Zip: MIAMI 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JONATHAN PINTO

PRESIDENT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date