# 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

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# P14000053351

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: PINTO INSURANCE AGENCY, INC

### Current Principal Place of Business:

9830 SW 77 AVE SUITE 200 MIAMI, FL 33156

#### **Current Mailing Address:**

9830 SW 77 AVE SUITE 200 MIAMI, FL 33156 US

#### FEI Number: 47-1171190

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

PINTO, JONATHAN 9830 SW 77 AVE SUITE 200 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			04/06/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	PRESIDENT	
Name	PINTO, MICHAEL	Name	JONATHAN , PINTO	
Address	9830 SW 77 AVE SUITE 200	Address	9830 SW 77 AVE SUITE 200	
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156	

Certificate of Status Desired: No

PRESIDENT

04/06/2017

#### FILED Apr 06, 2017 Secretary of State CC2488075591

Date