

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000069630

Entity Name: VINA INSURANCE AGENCY,INC

Current Principal Place of Business:

8338 N DALE MABRY HWY
TAMPA, FL 33614

Current Mailing Address:

POST OFFICE BOX 261207
TAMPA, FL 33685 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMORA, CARYNA M ESQUIRE
5102 NORTH ARMENIA AVENUE
TAMPA, FL 33603 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: CARYNA M ZAMORA EQUIRE

03/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name RAMENTOL, PABLO T
Address PO BOX 261207
City-State-Zip: TAMPA FL 33685

Title VP
Name RAMENTOL, NICHOLAS A
Address PO BOX 261207
City-State-Zip: TAMPA FL 33685

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: NICHOLAS A RAMENTOL

VP

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date