2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2021
Secretary of State
3887817707CC

DOCUMENT# P15000069630

Entity Name: VINA INSURANCE AGENCY,INC

Current Principal Place of Business:

7248 NORTH DALE MABRY HIGHWAY
SUITE A
TAMPA, FL 33614

Current Mailing Address:

POST OFFICE BOX 261233
TAMPA, FL 33685

FEI Number: NOT APPLICABLE

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 04/22/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	RAMENTOL, PABLO T	Name	RAMENTOL, NICHOLAS A
Address	PO BOX 261233	Address	PO BOX 261233
City-State-Zip:	TAMPA FL 33685	City-State-Zip:	TAMPA FL 33685

Title	V.P.O.
Name	FAEDO, JULIAN L
Address	POST OFFICE BOX 261233
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 04/22/2021

Electronic Signature of Signing Officer/Director Detail — Date