

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000031396

**Entity Name:** RIBALTA INSURANCE AGENCY CORP.

**Current Principal Place of Business:**

15800 PINES BOULEVARD,  
SUITE 3131  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15800 PINES BOULEVARD,  
SUITE 3131  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 82-0873294

**Certificate of Status Desired:** Yes

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

RIBALTA, DARLING  
1835 W 73 PL  
HIALEAH, FL 33014 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RIBALTA, DARLING  
Address 1835 W 73 PL  
City-State-Zip: HIALEAH FL 33014

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:** DARLING RIBALTA

**BUSINESS OWNER**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date