**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 05, 2025**
**Secretary of State**
**8275014090CC**

DOCUMENT# P17000081391

**Entity Name:** PLAZA INSURANCE PROGRAM INC

**Current Principal Place of Business:**

5041 31ST PL SW
NAPLES, FL 34116

**Current Mailing Address:**

5041 31ST PL SW
NAPLES, FL 34116 UN

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

LAMBERT, EDGARDO D
5041 31ST PL SW
NAPLES, FL 34116 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 | P | Title | VP |
| Name | LAMBERT, EDGARDO D | Name | LAMBERT, HIRAN |
| Address | 5041 31ST PL SW | Address | 5041 31ST PL SW |
| City-State-Zip: | NAPLES FL 34116 | City-State-Zip: | NAPLES FL 34116 |

*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: EDGARDO LAMBERT P 04/05/2025

Electronic Signature of Signing Officer/Director Detail — Date