

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000049671

**Entity Name:** NOVUS INSURANCE WEST BOCA CORP.

**Current Principal Place of Business:**

22763 STATE ROAD 7  
BOCA RATON, FL 33428

**Current Mailing Address:**

22763 STATE ROAD 7  
BOCA RATON, FL 33428 US

**FEI Number:** 83-0758967

**Certificate of Status Desired:** No

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

GIANI, ROSANA A  
8586 DYNASTY DRIVE  
BOCA RATON, FL 33434 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  
Name GIANI, ROSANA A  
Address 8586 DYNASTY DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name DEASSUNCAO, ADELIO  
Address 8586 DYNASTY DR  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name GIANI, GABRIEL A  
Address 8586 DYNASTY DRIVE  
City-State-Zip: BOCA RATON FL 33433

*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:** ROSANA GIANI

P

03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date