

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000051452

**Entity Name:** COMPASS INSURANCE ADVISORS USA, INC.

**Current Principal Place of Business:**

13909 N. DALE MABRY, SUITE 106  
TAMPA, FL 33618

**Current Mailing Address:**

13909 N. DALE MABRY, SUITE 106  
TAMPA, FL 33618 US

**FEI Number:** 85-1976601

**Certificate of Status Desired:** No

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

LORA GIRADO, CATALINA M  
22209 WOODMEN HALL DR  
LAND O LAKES, FL 34637 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:** CATALINA M LORA GIRADO

04/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            LORA GIRADO, CATALINA M  
Address        22209 WOODMEN HALL DR.  
City-State-Zip: LAND O LAKES FL 34637

Title            S/T  
Name            LORA GIRADO, CATALINA M  
Address        22209 WOODMEN HALL DR.  
City-State-Zip: LAND O LAKES FL 34637

Title            VP  
Name            CORDOBA MARULANDA, ENRIQUE  
Address        22209 WOODMEN HALL DR  
City-State-Zip: LAND O LAKES FL 34637

*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:** CATALINA M LORA GIRADO

PRES

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date