

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000075679

**Entity Name:** RAMOS INSURANCE SERVICES INC

**Current Principal Place of Business:**

9834 ELM WAY  
TAMPA, FL 33635

**Current Mailing Address:**

9834 ELM WAY  
TAMPA, FL 33635 UN

**FEI Number:** 00-0000000

**Certificate of Status Desired:** No

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

RAMOS, RIGOBERTO  
9834 ELM WAY  
TAMPA, FL 33635 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	RAMOS, RIGOBERTO	Name	RAMOS, ZAYLI
Address	9834 ELM WAY	Address	9834 ELM WAY
City-State-Zip:	TAMPA FL 33635	City-State-Zip:	TAMPA FL 33635

*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:** RAMOS RIGOBERTO RAMOS ZAYLI

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date