

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049720

Entity Name: PORTAS INSURANCE AGENCY, INC.

Current Principal Place of Business:

P.O.BOX 527501
MIAMI, FL 33152

Current Mailing Address:

P.O. BOX 527501
MIAMI, FL 33152 US

FEI Number: 65-0589999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTAS, EDUARDO R
P.O.BOX 527501
MIAMI, FL 33152 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	PD	Title	VD
Name	PORTAS, EDUARDO R	Name	PORTAS, IVONNE A
Address	P.O.BOX 527501	Address	P.O.BOX 527501
City-State-Zip:	MIAMI FL 33152	City-State-Zip:	MIAMI FL 33152

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: EDUARDO R. PORTAS

PRESIDENT

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date