

**2024 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  
65821 OVERSEAS HWAY # 101  
LONG KEY, FL 33001 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**

**01/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date