

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S92328

**Entity Name:** ORTIZ INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7440 SW 100 CT  
MIAMI, FL 33283

**Current Mailing Address:**

P.O. BOX 831927  
MIAMI, FL 33283 US

**FEI Number:** 65-0288540

**Certificate of Status Desired:** No

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

ORTIZ, VICTOR  
7440 SW 100 CT  
MIAMI, FL 33173 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 ORTIZ, VICTOR  
Address 7440 SW 100 COURT  
City-State-Zip: MIAMI FL

Title V  
Name ORTIZ, SUSANA  
Address 7440 SW 100 COURT  
City-State-Zip: MIAMI FL

*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:** SUSANA ORTIZ

VP

03/13/2018

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

\_\_\_\_\_  
Date