

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003585

Entity Name: TOFFALES INSURANCE AGENCY INC.**Current Principal Place of Business:**7801 N FEDERAL HWY
11-506
BOCA RATON, FL 33487**Current Mailing Address:**377 OAK STREET
SUITE 301
GARDEN CITY, NY 11530 US**FEI Number:** 11-3347239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOFFALES, GUS
7801 N FEDERAL HWY
11-506
BOCA RATON, FL 33487 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	PRESIDENT	Title	PRESIDENT
Name	TOFFALES, GUS	Name	TOFFALES, GUS
Address	7801 N FEDERAL HWY 11-506	Address	7801 N FEDERAL HWY 11-506
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

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: GUS TOFFALES

PRES

03/18/2023

Electronic Signature of Signing Officer/Director Detail_____
Date