

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511610

Entity Name: TROPICAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

8700 WEST FLAGLER ST
230
MIAMI, FL 33174

Current Mailing Address:

1130 S.W. 97TH CT
MIAMI, FL 33174 US

FEI Number: 59-1694157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERO, NESTOR
8700 WEST FLAGLER ST
230
MIAMI, FL 33174 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 VS
Name LOPEZ, GEMA
Address 234 SW 102ND PL
City-State-Zip: MIAMI FL 33165

Title T
Name GONZALEZ, ALFREDO
Address 8700 WEST FLAGLER ST
230
City-State-Zip: MIAMI FL 33174

Title P
Name RIVERO, NESTOR
Address 1130 S.W. 97TH CT
City-State-Zip: MIAMI FL 33174

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: NESTOR RIVERO

PRESIDENT

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date