## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M05305

Entity Name: GLOBAL INSURANCE AGENCY INC.

**Current Principal Place of Business:** 

6175 NW 153RD STREET SUITE 100 - B

MIAMI LAKES, FL 33014

**Current Mailing Address:** 

6175 NW 153RD STREET **SUITE 100 - B** 

MIAMI LAKES, FL 33014 US

FEI Number: 59-2447642 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENENDEZ, RICHARD **6175 NW 153RD STREET** SUITE 100 - B MIAMI LAKES, FL 33014 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: RICHARD MENENDEZ 04/30/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title

Name GARCIA, ALINA Name MORALES, GABRIEL G

**6175 NW 153RD STREET 6175 NW 153RD STREET** Address Address

**SUITE 100 - B** SUITE 100 - B

City-State-Zip: MIAMI LAKES FL 33014 City-State-Zip: MIAMI LAKES FL 33014

Title CFO, ASST. TREASURER Title VP, SECRETARY

Name MENENDEZ, RICHARD Name MENENDEZ, JESSICA

Address **6175 NW 153RD STREET** Address **6175 NW 153RD STREET** 

**SUITE 100 - B** SUITE 100 - B MIAMI LAKES FL 33014 City-State-Zip: MIAMI LAKES FL 33014

Title **PRESIDENT** 

City-State-Zip:

DEL VALLE, ANGELA Name

**6175 NW 153RD STREET** Address

**SUITE 100 - B** 

City-State-Zip: MIAMI LAKES FL 33014

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: RICHARD MENENDEZ

**CFO** 

04/30/2024

**FILED** Apr 30, 2024

**Secretary of State** 

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