

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000066739

**Entity Name:** MARIA OSSI INSURANCE, INC.

**Current Principal Place of Business:**

4707 GANDY BLVD UNIT 5  
TAMPA, FL 33611

**Current Mailing Address:**

P.O. BOX 13847  
TAMPA, FL 33681

**FEI Number:** 26-0313901

**Certificate of Status Desired:** No

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

PASQUIER, GERARDO  
4707 GANDY BLVD UNIT 5  
TAMPA, FL 33611 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 PVP  
Name PASQUIER, GERARDO  
Address 365 BELLEAIR DRIVE NE  
City-State-Zip: ST PETERSBURG FL 33704

*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:** GERARDO PASQUIER

PVP

04/24/2014

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

\_\_\_\_\_ Date