

2015 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 5050 VENETIAN BLVD 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

PRESIDENT

04/30/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date