

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000022121

**Entity Name:** FUENTE INSURANCE INC.

**Current Principal Place of Business:**

3785 NW 82ND AVE.  
SUITE 115  
MIAMI, FL 33166

**Current Mailing Address:**

3785 NW 82ND AVE  
SUITE 115  
MIAMI, FL 33166 US

**FEI Number:** 80-0560969

**Certificate of Status Desired:** No

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

CARUS, CARLOS A  
15437 SW 9TH TERRACE  
MIAMI, FL 33194 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	P
Name	CARUS, CARLOS A
Address	3785 NW 82ND AVE SUITE 115
City-State-Zip:	MIAMI FL 33166

*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:** CARLOS A. CARUS

**PRESIDENT**

**01/30/2024**

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

\_\_\_\_\_  
Date