

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061089

Entity Name: FLORIDA GIA INSURANCE INC.

Current Principal Place of Business:

4474 WESTON RD
SUITE 306
WESTON, FL 33331

Current Mailing Address:

4474 WESTON RD
SUITE 306
WESTON, FL 33331 US

FEI Number: 27-3130076

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESCOBAR, CLAUDIA M
4474 WESTON RD
SUITE 306
WESTON, FL 33331 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 ESCOBAR, CLAUDIA M
Address 4474 WESTON RD
SUITE 306
City-State-Zip: WESTON FL 33331

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: CLAUDIA M ESCOBAR

P

04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date