

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000006942

**Entity Name:** C.E. BECERRA INSURANCE INC.

**Current Principal Place of Business:**

33744 SILVER PINE DR  
LEESBURG, FL 34788

**Current Mailing Address:**

33744 SILVER PINE DR  
LEESBURG, FL 34788 US

**FEI Number:** 61-1675872

**Certificate of Status Desired:** No

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

BECERRA, CINDY E  
33744 SILVER PINE DR  
LEESBURG, FL 34788 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:** CINDY E. BECERRA

01/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	DIR
Name	BECERRA, CINDY E	Name	BECERRA, CINDY E.
Address	33744 SILVER PINE DR	Address	33744 SILVER PINE DR
City-State-Zip:	LEESBURG FL 34788	City-State-Zip:	LEESBURG FL 34788

*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:** CINDY E BECERRA

**PRESIDENT**

01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date