

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000065255

**Entity Name:** NORKA INSURANCE AGENCY INC

**Current Principal Place of Business:**

7900 OAK LANE  
SUITE 400  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7900 OAK LANE  
SUITE 400  
MIAMI LAKES, FL 33016 US

**FEI Number:** 47-1550090

**Certificate of Status Desired:** No

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

HERNANDEZ, NORKA B  
7900 OAK LANE  
SUITE 400  
MIAMI LAKES, FL 33016 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 HERNANDEZ, NORKA B  
Address 7900 OAK LANE  
SUITE 400  
City-State-Zip: MIAMI LAKES FL 33016

*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:** NORKA BARBARA HERNANDEZ

**OWNER/ AGENT**

**04/07/2018**

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

\_\_\_\_\_  
Date