

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000016963

**Entity Name:** COMPLUTENSE INSURANCE INC

**Current Principal Place of Business:**

5201 SW 132ND AVE  
MIAMI, FL 33175

**Current Mailing Address:**

5201 SW 132ND AVE  
MIAMI, FL 33175 US

**FEI Number: 81-1582338**

**Certificate of Status Desired: No**

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

LESTER , HURTADO  
5201 SW 132ND AVE  
MIAMI, FL 33175 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:** LESTER HURTADO

03/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	HURTADO, LESTER	Name	RAMOS MUNOZ, ANA B
Address	5201 SW 132ND AVE	Address	5201 SW 132ND AVE
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

*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:** LESTER HURTADO

**PRESIDENT**

03/30/2024

Electronic Signature of Signing Officer/Director Detail

Date