

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000093894

**Entity Name:** ESMERALDA INSURANCE CORP

**Current Principal Place of Business:**

80 SW 8TH ST  
2000  
MIAMI, FL 33130

**Current Mailing Address:**

80 SW 8TH ST  
2000  
MIAMI, FL 33130 US

**FEI Number:** 81-4539224

**Certificate of Status Desired:** No

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

CRISTIA, SADIR H  
21414 NW 98TH CT  
CUTLER BAY, FL 33189 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	PTS	Title	V
Name	CRISTIA, SADIR H	Name	MENDOZA, CARLA
Address	4721 SW 132ND AVE	Address	80 SW 8TH ST 2000
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33130

*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:** SADIR CRISTIA

**PRESIDENT**

**01/24/2023**

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

\_\_\_\_\_  
Date