

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000017836

Entity Name: JULIO CABAN INSURANCE AGENCY INC

Current Principal Place of Business:

843 CYPRESS PARKWAY
POINCIANA, FL 34759

Current Mailing Address:

843 CYPRESS PARKWAY
KISSIMMEE, FL 34759 US

FEI Number: 82-0619001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABAN, JULIO
843 CYPRESS PARKWAY
POINCIANA, FL 34759 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: JULIO CABAN

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name CABAN, JULIO
Address 843 CYPRESS PARKWAY
City-State-Zip: KISSIMMEE FL 34759

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: JULIO CABAN

PRES

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date