

**2022 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

04/11/2022

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

PRESIDENT

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date