

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000000977

**Entity Name:** NEWTRUST INSURANCE AGENCY, CORP

**Current Principal Place of Business:**

4651 S. UNIVERSITY DR.  
DAVIE, FL 33328

**Current Mailing Address:**

4651 S. UNIVERSITY DR.  
DAVIE, FL 33328 US

**FEI Number: 82-3899040**

**Certificate of Status Desired: No**

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

FUENMAYOR, KARYANGEL C  
1121 NW 129TH PL  
MIAMI, FL 33182 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 PST  
Name FUENMAYOR, KARYANGEL C  
Address 1121 NW 129TH PL  
City-State-Zip: MIAMI FL 33182

*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: KARYANGEL FUENMAYOR**

**OWNER**

**01/11/2022**

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

\_\_\_\_\_  
Date