

2020 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

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date