## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000016264

Entity Name: PROFOUND INSURANCE SOLUTIONS INC.

**Current Principal Place of Business:** 

19801 MORSANI RD LUTZ. FL 33558

**Current Mailing Address:** 

19801 MORSANI RD LUTZ, FL 33558 US

FEI Number: 83-3743362 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MESQUITA, RAFAEL M 19801 MORSANI RD LUTZ, FL 33558 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: RAFAEL MESQUITA 04/01/2025

Electronic Signature of Registered Agent

Date

FILED Apr 01, 2025

**Secretary of State** 

1101917559CC

Officer/Director Detail:

Title P Title OFFICER

NameMESQUITA, RAFAEL MNameMESQUITA, MARISAAddress19801 MORSANI RDAddress24341 TWIN LAKE DRCity-State-Zip:LUTZ FL 33558City-State-Zip:LAND O LAKES FL 34639

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: RAFAEL MESQUITA

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/01/2025 Date