

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000025851

Entity Name: CRESPO FLORIDA INSURANCE INC

Current Principal Place of Business:

4530 OAKCREEK ST
APT 100
ORLANDO, FL 32835

Current Mailing Address:

4530 OAKCREEK ST
APT 100
ORLANDO, FL 32835 US

FEI Number: 83-4165823

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EUREA, NINOSKA
4530 OAKCREEK ST
APT 100
ORLANDO, FL 32835 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 P
Name CRESPO, WINDER
Address 4530 OAKCREEK ST
APT 100
City-State-Zip: ORLANDO FL 32835

Title VP
Name EUREA, NINOSKA
Address 4530 OAKCREEK ST
City-State-Zip: ORLANDO FL 32835

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: WINDER CRESPO

PRESIDENT

04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date