

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000038587

**Entity Name:** ZUMA INSURANCE CORP

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD STE 470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4000 PONCE DE LEON BLVD STE 470  
CORAL GABLES, FL 33146

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CAMARGO MORILLO, JESUS A  
4000 PONCE DE LEON BLVD STE 470  
CORAL GABLES, FL 33146 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 CAMARGO MORILLO, JESUS A  
Address 4000 PONCE DE LEON BLVD STE 470  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name ARANGO PINEDA, MARIA INES  
Address 4000 PONCE DE LEON BLVD STE 470  
City-State-Zip: CORAL GABLES FL 33146

*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:** JESUS A CAMARGO MORILLO

P

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date