

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000051452

**Entity Name:** COMPASS INSURANCE ADVISORS USA, INC.

**Current Principal Place of Business:**

22209 WOODMEN HALL DR.  
LAND O LAKES, FL 34637

**Current Mailing Address:**

22209 WOODMEN HALL DR.  
LAND O LAKES, FL 34637 US

**FEI Number:** 85-1976601

**Certificate of Status Desired:** No

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

LORA GIRADO, CATALINA M  
22209 WOODMEN HALL DR  
LAND O LAKES, FL 34637 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:** CATALINA M LORA GIRADO

03/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name LORA GIRADO, CATALINA M  
Address 22209 WOODMEN HALL DR.  
City-State-Zip: LAND O LAKES FL 34637

Title S/T  
Name LORA GIRADO, CATALINA M  
Address 22209 WOODMEN HALL DR.  
City-State-Zip: LAND O LAKES FL 34637

Title VP  
Name CORDOBA MARULANDA, ENRIQUE  
Address 22209 WOODMEN HALL DR  
City-State-Zip: LAND O LAKES FL 34637

*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:** CATALINA M LORA GIRADO

PRESIDENT

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date