

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000075616

**Entity Name:** GERALD ALMAS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

9834 GLADES RD  
STE C-6  
BOCA RATON, FL 33434

**Current Mailing Address:**

9834 GLADES RD  
STE C-6  
BOCA RATON, FL 33434 US

**FEI Number:** 87-2307431

**Certificate of Status Desired:** No

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

ALMAS, GERALD  
9834 GLADES RD  
STE C-6  
BOCA RATON, FL 33434 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 ALMAS, GERALD  
Address 9834 GLADES RD  
STE C-6  
City-State-Zip: BOCA RATON FL 33434

Title VP, SECRETARY  
Name ZAMBRANO-ALMAS, REBECA  
Address 9834 GLADES RD  
STE C-6  
City-State-Zip: BOCA RATON FL 33434

*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:** REBECA ZAMBRANO-ALMAS

VC,S

01/23/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date