

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000053306

**Entity Name:** ESPINOZA INSURANCE CORP

**Current Principal Place of Business:**

5255 NW 112TH AVENUE  
UNIT 5  
DORAL, FL 33178

**Current Mailing Address:**

5255 NW 112TH AVENUE  
UNIT 5  
DORAL, FL 33178

**FEI Number:** 88-3083738

**Certificate of Status Desired:** No

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

SILVA ESPINOZA, PAOLA  
5255 NW 112TH AVENUE  
UNIT 5  
DORAL, FL 33178 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 SILVA ESPINOZA, PAOLA  
Address 5255 NW 112TH AVENUE UNIT 5  
City-State-Zip: DORAL FL 33178

*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:** PAOLA SILVA ESPINOZA

09/18/2023

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

\_\_\_\_\_  
Date