

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000073450

**Entity Name:** PAUL ROCA INSURANCE AGENCY INC.

**Current Principal Place of Business:**

4163 S CONGRESS AVE  
LAKE WORTH, FL 33461

**Current Mailing Address:**

4163 S CONGRESS AVE  
LAKE WORTH, FL 33461

**FEI Number:** 65-0448960

**Certificate of Status Desired:** No

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

ROCA, PAUL  
4163 S CONGRESS AVE  
LAKE WORTH, FL 33461 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 PA  
Name ROCA, PAUL  
Address 4163 S CONGRESS AVE  
City-State-Zip: LAKE WORTH FL 33461

*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:** PAUL ROCA

**PRESIDENT**

**03/12/2021**

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

\_\_\_\_\_  
Date