

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000073236

**Entity Name:** ROBERT NAVA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

13730 BISCAYNE BLVD  
N. MIAMI, FL 33181

**Current Mailing Address:**

13730 BISCAYNE BLVD  
N. MIAMI, FL 33181 US

**FEI Number:** 65-0541921

**Certificate of Status Desired:** No

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

HCRM CORP.  
2200 CORPORATE BLVD., N.W.  
SUITE 401  
BOCA RATON, FL 33431 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            PRES  
Name            NAVA, ROBERT  
Address        13730 BISCAYNE BLVD  
City-State-Zip: N MIAMI FL 33181

*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:** ROBERT NAVA

**PRESIDENT**

**03/21/2014**

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

\_\_\_\_\_  
Date