

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V21494

**Entity Name:** DIGIORGIO INSURANCE, INC.

**Current Principal Place of Business:**

7820 N UNIVERSITY DRIVE  
TAMARAC, FL 33321

**Current Mailing Address:**

7820 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

**FEI Number:** 65-0618165

**Certificate of Status Desired:** No

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

DIGIORGIO, MICHAEL  
7820 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 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	DP	Title	ST
Name	DIGIORGIO, MICHAEL	Name	DIGIORGIO, MICHAEL
Address	7078 NW 71 TERRACE	Address	7078 NW 71 TERRACE
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	PARKLAND FL 33067

*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:** MICHAEL DIGIORGIO

DP

01/14/2015

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

\_\_\_\_\_  
Date