# 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: IRIS ARDEN

Electronic Signature of Signing Officer/Director Detail

## 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F0600004149

#### Entity Name: RAMON INTERNATIONAL INSURANCE BROKERS, INC.

#### **Current Principal Place of Business:**

19495 BISCAYNE BLVD SUITE 708 AVENTUA, FL 33180

#### **Current Mailing Address:**

19495 BISCAYNE BLVD SUITE 708 AVENTUA, FL 33180 US

#### FEI Number: 13-3225226

### Name and Address of Current Registered Agent:

RAMON INC. 19495 BISCAYNE BLVD SUITE 708 AVENTUA, FL 33180 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:	IRIS ARDN	01/15/2020
	Electronic Signature of Registered Agent	Date

#### **Officer/Director Detail :**

Title	Р
Name	ARDEN, IRIS A
Address	19495 BISCAYNE BLVD SUITE 708
City-State-Zip:	AVENTUA FL 33180

Jan 15, 2020 Secretary of State 1788078930CC

FILED

Certificate of Status Desired: No

Date

01/15/2020