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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAMON ORTEGA

Electronic Signature of Signing Officer/Director Detail

PO BOX 524288

MIAMI FL 33152

ORTEGA, RAMON

PO BOX 524288

MIAMI FL 33152

TREASURER

Name and A	ddress of Current Registered Agent	:	
ORTEGA, RAMO 1555 BONAVEN SUITE 1028 WESTON, FL 33	TURE BLVD		
The above named	entity submits this statement for the purpose of chang	ging its registered office or r	registered agent, or both, in the Stat
SIGNATURE:	RAMON ORTEGA		
	Electronic Signature of Registered Agent		
Officer/Direc	tor Detail :		
Title	PRESIDENT	Title	VP
Name	GONZALEZ. RAFAEL	Name	BETANCOURT. EDWIN

e State of Florida.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300005348

Entity Name: PROFESA NATIONAL, INC.

Current Principal Place of Business:

201 SE 2ND AVE APT. 1604 MIAMI, FL 33131

Address City-State-Zip:

Title

Title

Name

Address

Name

Address

City-State-Zip:

Current Mailing Address:

PO BOX 524288 MIAMI, FL 33152 US

FEI Number: 20-0074114

d Addr

PO BOX 524288

MIAMI FL 33152

AGRAIT, THOMAS

PO BOX 524288

MIAMI FL 33152

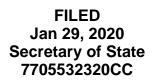
BARRASA, HELENA

PO BOX 524288

SECRETARY

VP

City-State-Zip: MIAMI FL 33152



Date

Certificate of Status Desired: No

01/29/2020

Address

Title

Name

Address

City-State-Zip:

City-State-Zip: