#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009545

Entity Name: WARMAMAS, INC.

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

1825 PONCE DE LEON BLVD. #559 CORAL GABLES, FL 33134

## **Current Mailing Address:**

1825 PONCE DE LEON BLVD. #559 CORAL GABLES, FL 33134 US

## FEI Number: 46-3955062

## Name and Address of Current Registered Agent:

SOWERS, PATRICIA 1400 SALZEDO STREET APT 206 CORAL GABLES, FL 33134 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

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

	Onioci/Direc							
	Title	PTSD	Title	DIRECTOR				
	Name	SOWERS, PATRICIA	Name	BUSEY, PHILIP				
	Address	1400 SALZEDO STREET	Address	837 SW 120TH WAY				
	City-State-Zip:	APT 206 CORAL GABLES FL 33134	City-State-Zip:	DAVIE FL 33325				
	City-State-Zip.	CONAL GABLES TE 33134	Title	DIRECTOR				
	Title	DIRECTOR	The	DIRECTOR				
	Name	YAPUR, SILVIA	Name	FRESNEDA, LORENZO				
	Address	275 NE 102ND ST.	Address	101 LOMBARD ST. APT 317E				
	City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	SAN FRANCISCO CA 94111-1181				
	Title	DIRECTOR	Title	DIRECTOR				
	Name	CASTELLANOS, TOA	Name	LEVISON, SILVIA S.				
	Address	1825 PONCE DE LEON BLVD.	Address	6727 SW 104TH AVE.				
		# 559	City-State-Zip:	MIAMI FL 33173				
	City-State-Zip:	CORAL GABLES FL 33134						
			Title	DIRECTOR				
	Title	DIRECTOR	Name	PEREZ OLMO, JEILY				
	Name	MOLINA, AURORA G.	Address6112 SW 147TH PLACE CIRCLECity-State-Zip:MIAMI FL 33193	6112 SW 147TH PLACE CIRCLE				
	Address	417 SANTANDER AVE. APT 1						
	City-State-Zip:	CORAL GABLES FL 33134						

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.

#### 02/15/2022 SIGNATURE: PATRICIA SOWERS PRESIDENT Date

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 15, 2022 Secretary of State 3977290625CC

Certificate of Status Desired: Yes

Date