

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009545

Entity Name: WARMAMAS, INC.**Current Principal Place of Business:**1825 PONCE DE LEON
#559
CORAL GABLES, FL 33134**Current Mailing Address:**1825 PONCE DE LEON
#559
CORAL GABLES, FL 33134**FEI Number:** 46-3955062**Certificate of Status Desired:** Yes**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_____
Date**Officer/Director Detail :**Title PTSD
Name SOWERS, PATRICIA
Address 1400 SALZEDO STREET
APT 206
City-State-Zip: CORAL GABLES FL 33134Title DIRECTOR
Name YAPUR, SILVIA
Address 275 NE 102ND ST.
City-State-Zip: MIAMI SHORES FL 33138Title DIRECTOR
Name CASTELLANOS, TOA
Address 3401 NW 17TH AVE.
APT 712
City-State-Zip: MIAMI FL 33142Title DIRECTOR
Name MOLINA, AURORA G.
Address 417 SANTANDER AVE.
APT 1
City-State-Zip: CORAL GABLES FL 33134Title DIRECTOR
Name BUSEY, PHILIP
Address 837 SW 120TH WAY
City-State-Zip: DAVIE FL 33325Title DIRECTOR
Name FRESNEDA, LORENZO
Address 101 LOMBARD ST.
APT 317E
City-State-Zip: SAN FRANCISCO CA 94111-1181Title DIRECTOR
Name LEVISON, SILVIA S.
Address 6727 SW 104TH AVE.
City-State-Zip: MIAMI FL 33173

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: PATRICIA SOWERS

PRESIDENT

03/23/2019

Electronic Signature of Signing Officer/Director Detail_____
Date