## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000581

Entity Name: PAXY INC.

**FILED** Apr 07, 2023 **Secretary of State** 2394464024CC

# **Current Principal Place of Business:**

20 ALHAMBRA CIR.

NO.5

CORAL GABLES, FL 33134

# **Current Mailing Address:**

20 ALHAMBRA CIR.

NO.5

CORAL GABLES, FL 33134

FEI Number: 46-4588106 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VALERO, MAUDIE 20 ALHAMBRA CIR.

NO.5

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 VP, SECRETARY, DIRECTOR Title P. DIRECTOR

Name VALERO, MAUDIE Name ARBONA BELLO, YAIMA 20 ALHAMBRA CIR. NO.5 690 SW 1 CT #1517 Address Address CORAL GABLES FL 33134 City-State-Zip: City-State-Zip: MIAMI FL 33130

**DIRECTOR** Title **DIRECTOR** Title

Name LONGHITANO, GASTON Name BADIAS, MARIA

Address 133 NE 2ND AVENUE 501 N ST SW Address

> 310 N332

WASHINGTON DC 20024 City-State-Zip: MIAMI FL 33132 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name NARBECKI, DAVID ALONSO, DANIEL Name

2920 SW 28 TERRANCE Address 6550 SW 12ST Address APT.3 206

City-State-Zip: MIAMI FL 33144 City-State-Zip: MIAMI FL 33133

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: MAUDIE VALERO

**EXECUTIVE DIRECTOR** 

04/07/2023