

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000009503

**FILED**  
**Jan 15, 2024**  
**Secretary of State**  
**5745459511CC**

**Entity Name:** THE LAST HUNDRED, INC.

**Current Principal Place of Business:**

11839 SW 155TH CT  
MIAMI, FL 33196

**Current Mailing Address:**

167 PENMOKEN PARK  
LEXINGTON, KY 40503 US

**FEI Number:** 87-2130260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BONACOSSA, FEDERICO  
11839 SW 155TH CT  
MIAMI, FL 33196 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:** FEDERICO BONACOSSA

01/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name TRIGOS, JUAN  
Address 167 PENMOKEN PARK  
City-State-Zip: LEXINGTON KY 40503

Title DV  
Name BONACOSSA, FEDERICO  
Address 11839 SW 155TH CT  
City-State-Zip: MIAMI FL 33196

Title DV  
Name TATIANA MARIA SCHNITMAN  
ESPINDOLA  
Address 9720 SW 184 STREET, UNIT 101  
City-State-Zip: CUTLER BAY FL 33157

Title DTS  
Name D'INGIULLO, DANIELA  
Address 167 PENMOKEN PARK  
City-State-Zip: LEXINGTON KY 40503

Title DAT  
Name CAMILO OSWALDO ARTEAGA  
BARRIOS  
Address 7061 NW 8TH CT  
City-State-Zip: PLANTATION FL 33317

Title D  
Name BAUMGARTEN, HANNAH  
Address 900 BAY DRIVE 925  
City-State-Zip: MIAMI BEACH FL 33141

Title D  
Name SCHARRON, ELADIO  
Address 14462 CALABAY COURT  
City-State-Zip: ORLANDO FL 32837

Title D  
Name NEVENA STANIC KOVACEVIC  
Address 5791 SW 74TH TERRACE  
APT 15  
City-State-Zip: SOUTH MIAMI FL 33178

**Continues on page 2**

*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:** DANIELA D'INGIULLO

**DIRECTOR, TREASURER AND SECRETARY** 01/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name VIDAL, ADOLFO  
Address 11607 NW 48 LN  
City-State-Zip: DORAL FL 33178