

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 665161

**Entity Name:** 1629 CORPORATION

**Current Principal Place of Business:**

4695 S.W. 13 ST.  
MIAMI, FL 33134

**Current Mailing Address:**

4695 S.W.13 ST.  
MIAMI, FL 33134 US

**FEI Number:** 59-2173351

**Certificate of Status Desired:** No

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

VALLE, AMAURY  
4695 S.W.13 ST.  
MIAMI, 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 P  
Name VALLE, AMAURY  
Address 4695 S.W. 13 ST.  
City-State-Zip: MIAMI FL 33134

Title T  
Name VALLE, MARIA R.  
Address 4695 S.W. 13 ST.  
City-State-Zip: MIAMI FL 33134

Title SECRETARY  
Name VALLE, AMAURY O JR.  
Address 2116 EDGEWATER DRIVE  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name VALLE, ALEJANDRA C  
Address 2116 EDGEWATER DRIVE  
City-State-Zip: ORLANDO FL 32804

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

**SIGNATURE:** AMAURY VALLE

**PRESIDENT**

**03/25/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date