

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068853

Entity Name: ZOFRAGUS INC.**Current Principal Place of Business:**C/O JOSE A RODRIGUEZ, ESQ
100 SE 2ND STREET, SUITE 2900
MIAMI, FL 33131**Current Mailing Address:**C/O JOSE A RODRIGUEZ, ESQ
100 SE 2ND STREET, SUITE 2900
MIAMI, FL 33131**FEI Number:** 76-0703411**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSE A RODRIGUEZ PA
100 SE 2ND STREET, SUITE 2900
MIAMI, FL 33131 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	DVPT
Name	REMONDA, CELIA MARIA
Address	100 SE 2ND STREET, SUITE 2900
City-State-Zip:	MIAMI FL 33131
Title	VP
Name	DE MIGUEL REMONDA, CAROLINA
Address	100 SE 2ND STREET, SUITE 2900
City-State-Zip:	MIAMI FL 33131

Title	DPS
Name	MOYANO, FRANCISCO J
Address	100 SE 2ND STREET, SUITE 2900
City-State-Zip:	MIAMI FL 33131
Title	VP
Name	DE MIGUEL REMONDA, MARIANA
Address	100 SE 2ND STREET, SUITE 2900
City-State-Zip:	MIAMI FL 33131

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: CELIA MARIA REMONDA

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02/27/2023_____
Electronic Signature of Signing Officer/Director Detail_____
Date