

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126749

Entity Name: ALBEMO, INC.**Current Principal Place of Business:**1000 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131**Current Mailing Address:**1000 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131**FEI Number:** 20-3640141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE MAINTENANCE SERVICES, LLC
1000 BRICKELL AVENUE, SUITE 400
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	DPS
Name	SABA, RAMON
Address	3029 N.E. 188 STREET, APT 817
City-State-Zip:	AVENTURA FL 33180

Title	VP
Name	SMEKE, ROSA
Address	3029 N.E. 188 STREET, APT 817
City-State-Zip:	AVENTURA FL 33180

Title	VP
Name	SABA SMEKE, ALBERTO
Address	3029 N.E. 188 STREET, APT 817
City-State-Zip:	AVENTURA FL 33180

Title	VP
Name	SABA SMEKE, BELLA
Address	3029 N.E. 188 STREET, APT 817
City-State-Zip:	AVENTURA FL 33180

Title	VP
Name	SABA SMEKE, ALICIA
Address	3029 N.E. 188 STREET APT. 817
City-State-Zip:	AVENTURA FL 33180

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: SMEKE , ROSA

VP, CMS AUTH REP

03/10/2022

Electronic Signature of Signing Officer/Director Detail_____
Date