

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135225

**Entity Name:** PROTECCION PLENITUD, INC.**Current Principal Place of Business:**2393 SOUTH CONGRESS AV  
WEST PALM BEACH, FL 33406**Current Mailing Address:**2393 SOUTH CONGRESS AV  
WEST PALM BEACH, FL 33406 US**FEI Number: 20-3584629****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**OQUENDO, JAIME  
2393 SOUTH CONGRESS AV  
WEST PALM BEACH, FL 33406 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           | PD                       |
| Name            | SERNA, PAOLA ANDREA      |
| Address         | 2393 SOUTH CONGRESS AV   |
| City-State-Zip: | WEST PALM BEACH FL 33406 |

|                 |                          |
|-----------------|--------------------------|
| Title           | VPD                      |
| Name            | OQUENDO, JAIME HUMBERTO  |
| Address         | 2393 SOUTH CONGRESS AV   |
| City-State-Zip: | WEST PALM BEACH FL 33406 |

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | SOLORZANO, LINA          |
| Address         | 2393 SOUTH CONGRESS AV   |
| City-State-Zip: | WEST PALM BEACH FL 33406 |

*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: LINA SOLORZANO****DIRECTOR****05/01/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date