

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029516

Entity Name: MMT 512 INC.**Current Principal Place of Business:**385 WOODCREST ROAD
KEY BISCAVNE, FL 33149**Current Mailing Address:**385 WOODCREST ROAD
KEY BISCAVNE, FL 33149 US**FEI Number:** 20-8774238**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, FERNANDO R
385 WOODCREST ROAD
KEY BISCAVNE, FL 33149 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 | DP |
| Name | TRIAV, MARIO |
| Address | 210 SEAVIEW DR., #512 |
| City-State-Zip: | KEY BISCAVNE FL 33149 |

| | |
|-----------------|-----------------------|
| Title | DST |
| Name | TRIAV, ANN M. |
| Address | 210 SEAVIEW DR., #512 |
| City-State-Zip: | KEY BISCAVNE FL 33149 |

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|-----------------|-----------------------|
| Title | D |
| Name | GORDO, ANA M. |
| Address | 210 SEAVIEW DR., #512 |
| City-State-Zip: | KEY BISCAVNE 33149 |

| | |
|-----------------|-----------------------|
| Title | DVP |
| Name | TRIAV, MIGUEL |
| Address | 210 SEAVIEW DR., #512 |
| City-State-Zip: | KEY BISCAVNE 33149 |

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: MARIO TRIAV**PRESIDENT****04/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date