

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000101656

**Entity Name:** 701 HAVANA LOFT, CORP.

**Current Principal Place of Business:**

C/O FS&A  
250 CATALONIA AVENUE SUITE 600  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O FS&A  
250 CATALONIA AVENUE SUITE 600  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-1525200

**Certificate of Status Desired:** No

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

BGCONGROUP LLC  
7801 NW 37TH ST  
STE LP108  
DORAL , FL 33195 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:** JOSE R ALFONZO

03/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GONZALEZ, LUIS A  
Address C/O FS&A  
250 CATALONIA AVENUE SUITE 600  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GONZALEZ, JOSE G  
Address C/O FS&A  
250 CATALONIA AVENUE SUITE 600  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, SECRETARY  
Name GONZALEZ, CARLOS E  
Address C/O FS&A  
250 CATALONIA AVENUE SUITE 600  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, TREASURER  
Name GONZALEZ, JOSE R  
Address C/O FS&A  
250 CATALONIA AVENUE SUITE 600  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name RIESGO CACHEIRO, MATILDE  
Address 1396 SABAL TRAIL  
City-State-Zip: WESTON FL 33327

*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:** GONZALEZ , JOSE G

DIRECTOR

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date