

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000053568

**Entity Name:** PRAMAS INC

**Current Principal Place of Business:**

919 EAST 19 STREET  
HIALEAH, FL 33013

**Current Mailing Address:**

919 EAST 19 STREET  
HIALEAH, FL 33013

**FEI Number:** 27-2941571

**Certificate of Status Desired:** No

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

TORRES, ANGELA M  
919 EAST 19 STREET  
HIALEAH, FL 33013 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	P	Title	VP
Name	TORRES, ANGELA M	Name	MENDOZA, AMBER J
Address	919 EAST 19 STREET	Address	919 EAST 19 STREET
City-State-Zip:	HIALEAH FL 33013	City-State-Zip:	HIALEAH FL 33013

Title EXECUTIVE SECRETARY  
 Name AGUAYO, ASHLEY M  
 Address 919 EAST 19 STREET  
 City-State-Zip: HIALEAH FL 33013

*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:** ANGELA TORRES

**PRESIDENT**

**04/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date