FEI Number: 27-2957410			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
MARTINEZ, PA 2900 NW 48 TE 408 LAUDERDALE				
The above named	l entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE	: PABLO MARTINEZ			03/27/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	MARTINEZ, TANIA A	Name	MARTINEZ, PABLO A	
Address	12745 SW 62 TERRACE	Address	16824 SW 109 CT	
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL FL 33157	
Title	SECRETARY			
Name	NUNEZ, MIGUELINA			
Address	16824 SW 109 CT			
City-State-Zip:	MIAMI FL 33157			

12745 SW 62 TERRACE MIAMI, FL 33183 US

## F

**Current Mailing Address:** 

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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.

VP

#### SIGNATURE: PABLO A MARTINEZ

Electronic Signature of Signing Officer/Director Detail

03/27/2020

Date

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000054095

Entity Name: ZAPHIRO DISTRIBUTORS, INC.

## **Current Principal Place of Business:**

12745 SW 62 TERRACE MIAMI, FL 33183