

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000044019

**FILED**  
**Jun 08, 2020**  
**Secretary of State**  
**7590887972CC**

**Entity Name:** VOLANTE'S INCORPORATED

**Current Principal Place of Business:**

15848 NW 91 AVE  
MIAMI LAKES, FL 33018

**Current Mailing Address:**

15848 NW 91 AVE  
MIAMI LAKES, FL 33018 US

**FEI Number:** 45-3212375

**Certificate of Status Desired:** No

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

SALAZAR, ALNAIR CAROLINA  
15848 NW 91 AVE  
MIAMI LAKES, FL 33018 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:** ALNAIR CAROLINA SALAZAR

06/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VOLANTE, VICTOR  
Address        15848 NW 91 AVE  
City-State-Zip: MIAMI LAKES FL 33018

Title            DIRECTOR  
Name            SALAZAR, ALNAIR CAROLINA  
Address        15848 NW 91 AVE  
City-State-Zip: MIAMI LAKES FL 33018

Title            VP  
Name            GONZALEZ DE VOLANTE, MARYLU  
Address        15848 NW 91 AVE  
City-State-Zip: MIAMI LAKES FL 33018

Title            ASST. SECRETARY  
Name            VOLANTE, RIGEL ENRIQUE  
Address        15848 NW 91 AVE  
City-State-Zip: MIAMI LAKES FL 33018

*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:** ALNAIR SALAZAR

**DIRECTOR**

06/08/2020

Electronic Signature of Signing Officer/Director Detail

Date