

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000052611

**Entity Name:** ZAFE PA NOU, INC.

**Current Principal Place of Business:**

20740 NW MIAMI PLACE  
MIAMI, FL 33169

**Current Mailing Address:**

830 NW 133RD STREET  
NORTH MIAMI, FL 33168 US

**FEI Number:** 45-4634029

**Certificate of Status Desired:** No

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

CASSAMAJOR, SMITH  
830 NW 133RD STREET  
NORTH MIAMI, FL 33161 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:** ALIX DESULME

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CASSAMAJOR, SMITH  
Address 20740 NW MIAMI PLACE  
City-State-Zip: MIAMI FL 33169

Title VP  
Name JOSEPH, MARIE A  
Address 20740 NW MIAMI PLACE  
City-State-Zip: MIAMI FL 33169

Title EXECUTIVE SECRETARY, OFFICER  
Name LAURORE, THAMAEL  
Address 20740 NW MIAMI PLACE  
City-State-Zip: MIAMI FL 33169

Title OFFICER  
Name JOSEPH, GIVENSON  
Address 20740 NW MIAMI PLACE  
City-State-Zip: MIAMI FL 33169

Title OFFICER  
Name CASSAMAJOR, MARKENS  
Address 20740 NW MIAMI PLACE  
City-State-Zip: MIAMI FL 33169

*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:** SMITH CASSAMAJOR

OWNER

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date