

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000076307

**Entity Name:** EL PADOVAN, INC.**Current Principal Place of Business:**1518 DREXEL AV  
MIAMI BEACH, FL 33139**Current Mailing Address:**745 LENOX AVENUE  
MIAMI BEACH, FL 33139 US**FEI Number:** 80-0762320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SARTORI, IVONE  
745 LENOX AVENUE  
MIAMI BEACH, FL 33139 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:** IVONE SARTORI

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR, SECRETARY  |
| Name            | BISCARO, GINO        |
| Address         | 745 LENOX AVENUE     |
| City-State-Zip: | MIAMI BEACH FL 33139 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR, VP         |
| Name            | GIRALDO, GIUSEPPE    |
| Address         | 745 LENOX AVENUE     |
| City-State-Zip: | MIAMI BEACH FL 33139 |

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | LUISE, FRANCESCO     |
| Address         | 745 LENOX AVENUE     |
| City-State-Zip: | MIAMI BEACH FL 33139 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | SARTORI, IVONE       |
| Address         | 745 LENOX AVENUE     |
| City-State-Zip: | MIAMI BEACH FL 33139 |

*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:** IVONE SARTORI**SECRETARY**

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date