

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000008215

**Entity Name:** MEPRESEST INC.

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134 US

**FEI Number:** 32-0401737

**Certificate of Status Desired:** No

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

BARED & ASSOC., PA  
201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134 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:** P. BARED

01/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DS  
Name FASJA DE EL MANN, SARA  
Address 201 ALHAMBRA CIRCLE  
501  
City-State-Zip: CORAL GABLES FL 33134

Title DP  
Name EL MANN ARAZI, MOUSSA  
Address 201 ALHAMBRA CIRCLE  
501  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name EL MANN, CHARLES  
Address 201 ALHAMBRA CIRCLE  
501  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name EL MANN ARAZI, MAX  
Address 201 ALHAMBRA CIRCLE  
501  
City-State-Zip: CORAL GABLES FL 33134

*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:** CHARLES EL MANN

D

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date