

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000054907

**Entity Name:** SOROCHE FLORIDA CORP.**Current Principal Place of Business:**1000 BRICKELL AVENUE  
SUITE 400  
MIAMI, FL 33131**Current Mailing Address:**1000 BRICKELL AVENUE  
SUITE 400  
MIAMI, FL 33131**FEI Number:** 99-0378442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE MAINTENANCE SERVICES, LLC.  
1000 BRICKELL AVENUE  
SUITE 400  
MIAMI, FL 33131 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	MAILHOS, MARIA CRISTINA
Address	1000 BRICKELL AVENUE, SUITE 400
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	MORIXE, FEDERICO
Address	1000 BRICKELL AVENUE, SUITE # 400
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	MORIXE, IGNACIO
Address	1000 BRICKELL AVENUE, SUITE # 400
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	MORIXE , JOAQUIN
Address	1000 BRICKELL AVENUE, SUITE # 400
City-State-Zip:	MIAMI FL 33131

*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:** MAILHOS , MARIA CRISTINA

D, CMS AUTH REP

04/13/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date