

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000024180

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**272775810CC**

**Entity Name:** SENSORMARTE CORP

**Current Principal Place of Business:**

10450 NW 33RD. ST  
SUITE #206  
DORAL, FL 33172

**Current Mailing Address:**

10450 NW 33RD ST  
SUITE #206  
DORAL, FL 33172 US

**FEI Number:** 46-2313267

**Certificate of Status Desired:** No

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

SENSORMARTE, CORP  
10450 NW 33RD ST.  
SUITE #206  
DORAL, FL 33172 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:** MARTE, FRANCISCO A

01/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTE, FRANCISCO A  
Address 10450 NW 33RD. ST  
SUITE #206  
City-State-Zip: DORAL FL 33172

Title VP  
Name GUZMAN, ESCARLIN A  
Address 10450 NW 33RD. ST.  
SUITE #206  
City-State-Zip: DORAL FL 33172

Title S  
Name OZUNA, JUAN A  
Address 10450 NW 33RD. ST.  
SUITE #206  
City-State-Zip: DORAL FL 33172

Title T  
Name MARTE, FRANCISCO A  
Address 10450 NW 33RD. ST.  
SUITE #206  
City-State-Zip: DORAL FL 33172

*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:** FRANCISCO MARTE

**MANAGER**

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date