

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000029618

**Entity Name:** MS BAROFFIO CORP.

**Current Principal Place of Business:**

10955 SW 177 TERR  
MIAMI, FL 33157

**Current Mailing Address:**

10955 SW 177 TERR  
MIAMI, FL 33157 US

**FEI Number:** 46-2440865

**Certificate of Status Desired:** No

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

DUQUE, CARLOS B  
10955 SW 177 TERR  
MIAMI, FL 33157 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 P, S  
Name DUQUE, CARLOS B  
Address 10955 SW 177 TERR  
City-State-Zip: MIAMI FL 33157

Title VP  
Name HERNANDEZ, JOHANA A  
Address 10955 SW 177 TERR  
City-State-Zip: MIAMI FL 33157

Title SECRETARY  
Name RESTREPO, LILIANA M  
Address 10955 SW 177 TERR  
City-State-Zip: MIAMI FL 33157

Title MANAGER  
Name GARCIA, CAROLINA  
Address 10955 SW 177 TERR.  
City-State-Zip: MIAMI FL 33157

Title MANAGER  
Name DUQUE, ANDREW  
Address 10955 SW 177 TERR  
City-State-Zip: MIAMI FL 33157

*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:** LILIANA RESTREPO

**SECRETARY**

**03/16/2024**

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

\_\_\_\_\_  
Date