	Certificate of Status Desi	red: No
ered office or regis	tered agent, or both, in the State of Flo	rida.
		01/25/2023
		01/25/2023 Date
Title	VPD	
Title Name	ZARATE DE PALACIOS, MARIA	Date
		Date
Name	ZARATE DE PALACIOS, MARIA CRISTINA CRA.12 #86-17, APTO 604	Date
Name Address	ZARATE DE PALACIOS, MARIA CRISTINA CRA.12 #86-17, APTO 604	Date
Name Address	ZARATE DE PALACIOS, MARIA CRISTINA CRA.12 #86-17, APTO 604	Date
Name Address	ZARATE DE PALACIOS, MARIA CRISTINA CRA.12 #86-17, APTO 604	Date
	ered office or regis	Certificate of Status Desi erred office or registered agent, or both, in the State of Flor

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: PALACIOS TORRES, LUIS EDUARDO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/25/2023

FILED Jan 25, 2023 **Secretary of State** 6658340174CC

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000071632

Entity Name: ANLU FLORIDA CORP.

Current Principal Place of Business:

16699 COLLINS AVENUE, APT.#2908

Date