

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000072236

**Entity Name:** ELECTROMECHANICAL & ENERGY SOLUTIONS INC.

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**6915023508CC**

**Current Principal Place of Business:**

4995 NW 72 AVENUE  
SUITE #205  
MIAMI, FL 33166

**Current Mailing Address:**

4995 NW 72 AVENUE  
SUITE #205  
MIAMI, FL 33166

**FEI Number: 38-3938809**

**Certificate of Status Desired: Yes**

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

WORLD OFFICE & BUSINESS PLACE, INC.  
4995 NW 72 AVENUE  
SUITE #205  
MIAMI, FL 33166 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           DIRECTOR  
Name           UZCATEGUI, EDUARDO C  
Address        4995 NW 72 AVENUE  
                  SUITE #205  
City-State-Zip: MIAMI FL 33166

Title           SECRETARY  
Name           UZCATEGUI, ANDREINA C  
Address        4995 NW 72 AVENUE  
                  SUITE #205  
City-State-Zip: MIAMI FL 33166

Title           COO  
Name           GUTIERREZ, DENNY D  
Address        4995 NW 72 AVENUE  
                  SUITE #205  
City-State-Zip: MIAMI FL 33166

Title           DIRECTOR  
Name           GONZALEZ, MARCO A PHD  
Address        4995 NW 72 AVENUE  
                  SUITE #205  
City-State-Zip: MIAMI FL 33166

*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: EDUARDO UZCATEGUI**

**DIRECTOR**

**04/30/2021**

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

\_\_\_\_\_  
Date