

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000097145

Entity Name: SIMIL CONSULTING, INC.**Current Principal Place of Business:**2121 PONCE DE LEON BLVD - STE. 1050
CORAL GABLES, FL 33134**Current Mailing Address:**2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33149 US**FEI Number:** 47-3835289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA INC
2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 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	PD
Name	JACOBO RASSI, JOSE SIMON
Address	6365 COLLINS AVENUE - APT. 1507
City-State-Zip:	MIAMI BEACH FL 33141

Title	SD
Name	DIB BUFARAH, JAMIL F
Address	10350 W. BAY HARBOR DR -PH LM
City-State-Zip:	BAY HARBOR FL 33141

Title	TREASURER
Name	HURTADO, HECTOR
Address	2121 PONCE DE LEON BLVD - STE. 1050
City-State-Zip:	CORAL GABLES FL 33134

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: HURTADO , HECTOR

TREASURER

04/26/2022

Electronic Signature of Signing Officer/Director Detail_____
Date