

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000046416

**Entity Name:** BETSY'S DELICIAS AND SUPPLY INC.

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**4535868305CC**

**Current Principal Place of Business:**

175 NE 203 TERRACE  
10  
MIAMI GARDENS, FL 33179

**Current Mailing Address:**

175 NE 203 TERRACE  
10  
MIAMI GARDENS, FL 33179 US

**FEI Number: 81-1982548**

**Certificate of Status Desired: No**

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

MARTINEZ, BETSAIDA P  
175 NE 203 TERRACE  
10  
MIAMI GARDENS, FL 33179 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: BETSAIDA EUNICE MARTINEZ**

**04/17/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ, BETSAIDA E  
Address 175 NE 203 TERRACE  
10  
City-State-Zip: MIAMI GARDENS FL 33179

Title VP  
Name MARTINEZ, ANDRES  
Address 175 NE 203 TERRACE  
10  
City-State-Zip: MIAMI GARDENS FL 33179

Title SECRETARY  
Name MARTINEZ, ANDREINA  
Address 175 NE 203 TERRACE  
10  
City-State-Zip: MIAMI GARDENS FL 33179

Title TREASURER  
Name MARTINEZ, ANDRISSELL PAHOLA  
Address 175 NE 203 TERRACE  
10  
City-State-Zip: MIAMI GARDENS FL 33179

Title DIRECTOR  
Name MARTINEZ, ANDRIELLA MARIA  
Address 175 NE 203 TERRACE  
10  
City-State-Zip: MIAMI GARDENS FL 33179

*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: BETSAIDA MARTINEZ**

**PRESIDENT**

**04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date