

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000060710

**Entity Name:** PUNTA HERMOSA, INC.

**Current Principal Place of Business:**

6010 NW 99TH AVE  
SUITE# 100  
DORAL, FL 33178

**FILED**  
**Feb 04, 2021**  
**Secretary of State**  
**7595197736CC**

**Current Mailing Address:**

6010 NW 99TH AVE  
SUITE# 100  
DORAL, FL 33178 US

**FEI Number: 47-5580492**

**Certificate of Status Desired: No**

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

ESCOBAR, CLARA S  
6010 NW 99TH AVE  
SUITE# 100  
DORAL, FL 33178 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 GUTIERREZ, IVAN A  
Address 6010 NW 99TH AVE  
SUITE# 100  
City-State-Zip: DORAL FL 33178

Title PRESIDENT, DIRECTOR  
Name ESCOBAR, CLARA S  
Address 6010 NW 99TH AVE  
SUITE# 100  
City-State-Zip: DORAL FL 33178

Title TREASURER, DIRECTOR  
Name GUTIERREZ, MARIA P  
Address 6010 NW 99TH AVE  
SUITE# 100  
City-State-Zip: DORAL FL 33178

Title DIRECTOR  
Name GUTIERREZ, MARIA F  
Address 6010 NW 99TH AVE  
SUITE# 100  
City-State-Zip: DORAL FL 33178

Title SECRETARY, DIRECTOR  
Name ESCOBAR, ENRIQUE  
Address 6010 NW 99TH AVE  
SUITE# 100  
City-State-Zip: DORAL FL 33178

*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: CLARA SUSANA ESCOBAR**

**PRESIDENT**

**02/04/2021**

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

\_\_\_\_\_  
Date