

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000091424

**Entity Name:** 4 MATES,CORP

**Current Principal Place of Business:**

665 NE 25TH ST.  
APT. #1804  
MIAMI, FL 33137

**Current Mailing Address:**

665 NE 25TH ST.  
APT. #1804  
MIAMI, FL 33137 US

**FEI Number:** 81-3258035

**Certificate of Status Desired:** Yes

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

BOROWICZ KRALEMAN, BOB  
7928 EAST DRIVE  
UNIT 1606  
NORTH BAY VILLAGE, FL 33141 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            PRESIDENT  
Name            BOROWICZ KRALEMAN, BOB  
Address        7928 EAST DRIVE, UNIT 1606  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title            VP  
Name            STOPELLO HOFFMANN, ALEJANDRO  
Address        1110 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title            SEC  
Name            ZABALETA BRICENO, JORGE A  
Address        500 BRICKELL AVE. UNIT 1804  
City-State-Zip: MIAMI FL 33131

Title            TR  
Name            PARADA, CARLOS  
Address        HACIENDA CHICUREO 218  
City-State-Zip: COLINA RM 9340000

*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:** ALEJANDRO STOPELLO HOFFMANN

VP

02/23/2019

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

\_\_\_\_\_  
Date