#### 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: RAUL ALMENDRO Ρ

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P1700003034

## Entity Name: LOS ALMENDROS DISTRIBUTION CORP

## **Current Principal Place of Business:**

6899 W 36TH AVE 101 HIALEAH, FL 33018

#### **Current Mailing Address:**

6899 W 36TH AVE 101 HIALEAH, FL 33018 US

#### FEI Number: 81-4953552

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

ALMENDRO, RAUL 6899 W 36TH AVE 101 HIALEAH, FL 33018 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

#### **Officer/Director Detail :**

Title Р ALMENDRO, RAUL Name 6899 W 36TH AVE #101 Address City-State-Zip: HIALEAH FL 33018

### Certificate of Status Desired: No

Date

03/31/2020 Date

FILED Mar 31, 2020 Secretary of State 1483057565CC

Electronic Signature of Signing Officer/Director Detail