

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000063009

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**4175789873CC**

**Entity Name:** SERVICIO DE PAQUETERIA ARZATE, INC.

**Current Principal Place of Business:**

530-A AUBURN CIRCLE WEST  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

530-A AUBURN CIRCLE WEST  
DELRAY BEACH, FL 33444 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ARZATE AGUIRRE, JOSE  
530A AUBURN CIRCLE WEST  
DELRAY BEACH, FL 33444 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 P  
Name ARZATE AGUIRRE, JOSE  
Address 530A AUBURN CIRCLE WEST  
City-State-Zip: DELRAY BEACH FL 33444

Title VP  
Name ARZATE, MARIA A  
Address 530A AUBURN CIRCLE WEST  
City-State-Zip: DELRAY BEACH FL 33444

Title T  
Name ARZATE AVILES, JOSE M  
Address 530A AUBURN CIRCLE WEST  
City-State-Zip: DELRAY BEACH FL 33444

Title S  
Name ARZATE AVILES, MARIA  
Address 530A AUBURN CIRCLE WEST  
City-State-Zip: DELRAY BEACH FL 33444

*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:** JOSE ARZATE AGUIRRE

**PRESIDENT**

**02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date