

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000000101

**Entity Name:** MAXIMILIANO VELASCO, INC.

**Current Principal Place of Business:**

10095 SW 88TH STREET SUITE 103  
MIAMI, FL 33176

**Current Mailing Address:**

PO BOX 430885  
MIAMI, FL 33243-0885 US

**FEI Number: 83-3497608**

**Certificate of Status Desired: No**

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

CNSGROUP MANAGEMENT  
10095 SW 88TH STREET SUITE 103  
MIAMI, FL 33176 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 VELASCO, MAXIMILIANO  
Address 10095 SW 88TH STREET SUITE 103  
City-State-Zip: MIAMI FL 33176

*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: MAXIMILIANO VELASCO, MD**

**MANAGER**

**04/10/2023**

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

\_\_\_\_\_ Date