

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000056201

**Entity Name:** N&N PELEGRIN CUBA DESIGNS INC

**Current Principal Place of Business:**

906 EAST 20TH STREET, HIALEAH, FL, USA  
906 EAST 20TH STREET APT-2  
HIALEAH, FL 33013

**Current Mailing Address:**

906 EAST 20TH STREET, HIALEAH, FL, USA  
906 EAST 20TH STREET APT-2  
HIALEAH, FL 33013 US

**FEI Number:** 19-0000562

**Certificate of Status Desired:** No

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

MIGUELES PELEGRIN, NAIVY  
906 EAST 20TH STREET, HIALEAH, FL, USA  
906 EAST 20TH STREET APT-2  
HIALEAH, FL 33013 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 MIGUELES PELEGRIN, NAIVY  
Address 906 EAST 20TH STREET, HIALEAH,  
FL, USA  
906 EAST 20TH STREET APT-2  
City-State-Zip: HIALEAH FL 33013

Title VP  
Name OCANA SOCARRAS, NAIVY A  
Address 906 EAST 20TH STREET, HIALEAH,  
FL, USA  
906 EAST 20TH STREET APT-2  
City-State-Zip: HIALEAH FL 33013

*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:** NAIVY MIGUELES PELEGRIN

**OWNER**

**02/27/2023**

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

\_\_\_\_\_  
Date