

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000079300

**Entity Name:** ALMENAR INTERNATIONAL ENTERPRISE,CORP

**Current Principal Place of Business:**

2606 NW 112 TH AVE UNIT 2606  
DORAL, FL 33172

**Current Mailing Address:**

2606 NW 112 TH AVE UNIT 2606  
DORAL, FL 33172 US

**FEI Number: 84-3488641**

**Certificate of Status Desired: No**

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

ALMENAR PARICA, FEDERICO G  
10480 NW 74 ST  
101  
DORAL, FL 33178 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 ALMENAR PARICA, FEDERICO G  
Address 10480 NW 74 ST UNIT 101  
City-State-Zip: DORAL FL 33178

Title VP SERVICES  
Name ALMENAR GARCIA, VALERIA VALENTINA  
Address 10480 NW 74 ST UNIT 101  
City-State-Zip: DORAL FL 33178

Title VP ADMINISTRATION  
Name ALMENAR GARCIA, SHALLIMAR INDIRA  
Address 10480 NW 74 ST UNIT 101  
City-State-Zip: DORAL FL 33178

Title TREA  
Name ALMENAR GARCIA, FEDERICO G  
Address 10480 NW 74 ST UNIT 101  
City-State-Zip: DORAL FL 33178

Title SEC  
Name ACOSTA GARCIA, REINALDO A  
Address 10480 NW 74 ST UNIT 101  
City-State-Zip: DORAL FL 33178

Title VP OPERACIONES  
Name GARCIA VARGAS, TAMAIRA TRINIDAD  
Address 10480 NW 74TH STREET UNIT 101  
City-State-Zip: DORAL FL 33178

*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: ALMENAR PARICA, FEDERICO**

**PRESIDENT**

**04/26/2023**

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

\_\_\_\_\_  
Date