

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000015601

**Entity Name:** ELBRUS 250 INC.**Current Principal Place of Business:**2950 SW 27TH AVENUE  
SUITE 220  
MIAMI, FL 33133**Current Mailing Address:**2950 SW 27TH AVENUE  
SUITE 220  
MIAMI, FL 33133 US**FEI Number:** 84-4931627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI  
200 S. BISCAYNE BOULEVARD  
SUITE 4100 (LAD)  
MIAMI, FL 33131 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	CEO
Name	HORWITZ, VIOLETA
Address	2950 SW 27TH AVENUE, SUITE 220
City-State-Zip:	MIAMI FL 33133

Title	P
Name	PERO, ALFONSO
Address	2950 SW 27TH AVENUE, SUITE 220
City-State-Zip:	MIAMI FL 33133

Title	VP
Name	ALLIENDE, CRISTIAN
Address	2950 SW 27TH AVENUE, SUITE 220
City-State-Zip:	MIAMI FL 33133

Title	D, T
Name	SOLARI URQUIETA, ANDRES
Address	2950 SW 27TH AVENUE, SUITE 220
City-State-Zip:	MIAMI FL 33133

Title	S
Name	DE ARMAS, LUIS A
Address	200 S. BISCAYNE BLVD., SUITE 4100
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	PERO, MARIA TRINIDAD
Address	2950 SW 27TH AVENUE, SUITE 220
City-State-Zip:	MIAMI FL 33133

*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:** DE ARMAS, LUIS A

S

02/04/2021

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