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.

PRESIDENT

SIGNATURE: GIOCONDA B BONILLA

Current Principal Place of Business: 4921 SW 114 AVENUE MIAMI, FL 33165

Current Mailing Address:

DOCUMENT# P20000071365

4921 SW 114 AVENUE MIAMI, FL 33165 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

BONILLA, GIOCONDA B 4921 SW 114 AVENUE MIAMI, FL 33165 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

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SERVICIOS DE PREVENCION COVID-19 CORP

Officer/Director Detail :

Title	P, D	Title	VP,D
Name	BONILLA, GIOCONDA B	Name	COLINAS, ELIOBERTO F
Address	4921 SW 114 AVENUE	Address	4921 SW 114 AVENUE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

Electronic Signature of Signing Officer/Director Detail

FILED May 01, 2021 Secretary of State 0645008630CC

Date

Certificate of Status Desired: No

05/01/2021

Date