

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000096682

**Entity Name:** ZOMMA GROUP CONSULTING, INC.

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE, STE 1100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

355 ALHAMBRA CIRCLE, STE 1100  
CORAL GABLES, FL 33134

**FEI Number:** 85-4358482

**Certificate of Status Desired:** No

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

RAYMOND J. ZOMERFELD, CPA  
355 ALHAMBRA CIRCLE, STE 1100  
CORAL GABLES, FL 33134 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 DP  
Name RAYMOND J. ZOMERFELD, CPA  
Address 355 ALHAMBRA CIRCLE, STE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name BEATRIZ MARTIN, CPA  
Address 355 ALHAMBRA CIRCLE, STE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name JORGE R. MESA, CPA  
Address 355 ALHAMBRA CIRCLE, STE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name CYNTHIA OW, CPA  
Address 355 ALHAMBRA CIRCLE, STE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name ILEANA ALVAREZ, CPA  
Address 355 ALHAMBRA CIRCLE, STE 1100  
City-State-Zip: CORAL GABLES FL 33134

*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:** RAYMOND J. ZOMERFELD, CPA

DP

03/25/2022

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

\_\_\_\_\_  
Date