

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000024383

Entity Name: CARRICOCHÉ INC.**Current Principal Place of Business:**201 S. BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131**Current Mailing Address:**201 S. BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 US**FEI Number:** 86-3161980**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW CENTER OF FLORIDA, INC.
201 S. BISCAYNE BOULEVARD
SUITE 800
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	DIRECTOR, PRESIDENT
Name	SOLARES DE BOSCH, OLGA MARIA
Address	C/O 201 S. BISCAYNE BOULEVARD SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, SECRETARY
Name	BOSCH, JORGE ALFONSO
Address	C/O 201 S. BISCAYNE BOULEVARD SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, TREASURER
Name	BOSCH, MARIA CRISTINA
Address	C/O 201 S. BISCAYNE BOULEVARD SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, VP
Name	BOSCH, JORGE JUAN
Address	C/O 201 S. BISCAYNE BOULEVARD SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, ASST. SECRETARY
Name	BOSCH, MARIA OLGA
Address	C/O 201 S. BISCAYNE BOULEVARD SUITE 800
City-State-Zip:	MIAMI FL 33131

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: OLGA MARIA SOLARES DE BOSCH**DIRECTOR AND
PRESIDENT****04/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date