

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000086323

**Entity Name:** PUEBLO PARTNERS, INC.

**Current Principal Place of Business:**

17780 NW 19TH AVE  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

P.O. BOX 530308  
MIAMI SHORES, FL 33153

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

THE JORDAN LEGAL GROUP, P.A.  
150 S.E. 2ND AVENUE  
THIRD FLOOR  
MIAMI, FLORIDA, 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 MD  
Name MCDOUGALL, RYAN  
Address P.O. BOX 530308  
City-State-Zip: MIAMI SHORES FL 33153

Title MD  
Name ROBINSON, EARL E  
Address P.O. BOX 530308  
City-State-Zip: MIAMI SHORES FL 33153

Title MD  
Name HORSFORD, STEPHEN  
Address P.O. BOX 530308  
City-State-Zip: MIAMI SHORES FL 33153

Title MDS  
Name JORDAN, THASAIAN  
Address P.O. BOX 530308  
City-State-Zip: MIAMI SHORES FL 33153

*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:** EARL E. ROBINSON

MD

03/06/2023

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

\_\_\_\_\_  
Date