

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000045256

**Entity Name:** MANEJAVIROT 2 CORP.

**Current Principal Place of Business:**

848 BRICKELL AVE.  
SUITE 830  
MIAMI, FL 33131

**Current Mailing Address:**

2055 FORKED CREEK DR  
SUITE 830  
ENGLEWOOD, FL 34223 US

**FEI Number:** 38-4234586

**Certificate of Status Desired:** No

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

BRUZZONE & GONZALEZ, PLLC  
848 BRICKELL AVENUE  
SUITE 830  
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:** ALEXANDRE BALLERINI

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROTMAN SAFFIE, MACARENA  
Address 848 BRICKELL AVENUE, SUITE 830  
City-State-Zip: MIAMI FL 33131

Title VD  
Name ROTMAN SAFFIE, COSTANZA  
Address 848 BRICKELL AVENUE, SUITE 830  
City-State-Zip: MIAMI FL 33131

Title SD  
Name ROTMAN SAFFIE, SEBASTIAN  
Address 848 BRICKELL AVENUE, SUITE 830  
City-State-Zip: MIAMI FL 33131

Title SD  
Name ROTMAN SAFFIE, BERNARDITA  
Address 848 BRICKELL AVENUE, SUITE 830  
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:** ROTMAN SAFFIE , MACARENA

PD

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date