

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000063085

**Entity Name:** 58 ARBE CORP

**Current Principal Place of Business:**

1121 CRANDON BLVD  
D 702  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

1121 CRANDON BLVD  
D 702  
KEY BISCAYNE, FL 33149 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ARBOLEDA, ANDRES  
1121 CRANDON BLVD  
D 702  
KEY BISCAYNE, FL 33149 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 P  
Name ARBOLEDA, ANDRES  
Address 1121 CRANDON BLVD # D 702  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name BERNAL, MARIA C  
Address 1121 CRANDON BLVD # D 702  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name ARBOLEDA, CAROLINA  
Address 1121 CRANDON BLVD # D 702  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name ARBOLEDA, ANDRES M  
Address 1121 CRANDON BLVD # D 702  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** ANDRES ARBOLEDA

MR

03/03/2024

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

\_\_\_\_\_  
Date