

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000086089

**Entity Name:** PFMAAK CORP

**Current Principal Place of Business:**

7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

PO BOX 811  
TITUSVILLE, FL 32781 US

**FEI Number:** 92-6257222

**Certificate of Status Desired:** No

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

GLOVER, TOM  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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            SECY  
Name            GUILLEN, ADA K  
Address        PO BOX 811  
City-State-Zip: TITUSVILLE FL 32781

Title            TREA  
Name            BIRAMONTES, MARIA A  
Address        PO BOX 811  
City-State-Zip: TITUSVILLE FL 32781

Title            P  
Name            GUILLEN, PATRICIO F  
Address        PO BOX 811  
City-State-Zip: TITUSVILLE FL 32781

*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:** ADA K. GUILLEN

SECY

04/03/2023

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

\_\_\_\_\_  
Date