

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000086238

**Entity Name:** INVERSIONES POWER SAVER CORP

**Current Principal Place of Business:**

1217 ANDORA AV  
CORAL GABLES, 33146

**Current Mailing Address:**

1217 ANDORA AV  
CORAL GABLES, 33146 FL

**FEI Number:** 92-2095219

**Certificate of Status Desired:** No

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

RIVERO, SAMANTHA I MS  
2475 BRICKELL AV  
APT 1018  
MIAMI, FL 33129 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 OSIO RIVERO, SAMANTHA I MR.  
Address 2475 BRICKELL AV. APT 1810  
City-State-Zip: MIAMI FL 33129

Title VP  
Name RIVERO, RAFAEL A MR  
Address 1217 ANDORA AV  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name GARCIA, ANGEL R MR  
Address 4242NW, 2ND STREET, APT 814  
City-State-Zip: MIAMI FL 33126

Title D  
Name FALENA, LUIS E MR  
Address 4242NW, 2ND STREET, APT 814  
City-State-Zip: MIAMI FL 33126

*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:** RIVERO, RAFAEL A

VP

02/01/2023

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

\_\_\_\_\_  
Date