

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000087863

**Entity Name:** MESAMIRO CORP

**Current Principal Place of Business:**

20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180

**Current Mailing Address:**

20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SALFORD CORPORATE SERVICES INC.  
20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180 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 DP  
Name SARA TURQUIE COHEN  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name AMELIA GREGO TURQUIE  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title T  
Name ROSY GREGO TURQUIE  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title S  
Name MICHELLE GREGO TURQUIE  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

*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:** SARA TURQUIE COHEN

DP

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date