

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003351

**Entity Name:** ASSET FINANCIAL TECHNOLOGY PARTNERS CORP

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
SUITE:740  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BLVD.  
SUITE:740  
CORAL GABLES, FL 33134 US

**FEI Number:** 90-0153361

**Certificate of Status Desired:** No

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

JM MARTINEZ CPA, PA  
2100 PONCE DE LEON BLVD.  
#740  
CORAL GABLES, FL 33134 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 CPD  
Name GOMEZ NAVAS, HERMANN  
Address 6228 CELLINE STREET  
City-State-Zip: CORAL GABLES FL 33146

Title VCVF  
Name GOMEZ, CATALINA  
Address 6228 CELLINE STREET  
City-State-Zip: CORAL GABLES FL 33146

Title DS  
Name GOMEZ, JUAN PABLO  
Address 6228 CELLINE STREET  
City-State-Zip: CORAL GABLES FL 33146

*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:** HERMANN GOMEZ NAVAS

**PRESIDENT**

**03/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date