o				
	ling Address:			
PO BOX 669 POMPANO I	9448 BEACH, FL 33066 US			
FEI Number: 46-3341619			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent	:		
ZEGARRA, CAI 18785 SW 29TH MIRAMAR, FL	H ST			
18785 SW 29TH MIRAMAR, FL	H ST	ing its registered office or regis	tered agent, or both, in the State of Flo	rida.
18785 SW 29TH MIRAMAR, FL The above named	H ST 33029 US	ing its registered office or regis	tered agent, or both, in the State of Flo	rida. 03/09/202
18785 SW 29TH MIRAMAR, FL The above named	H ST 33029 US d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of Flo	
18785 SW 29TH MIRAMAR, FL The above named	H ST 33029 US d entity submits this statement for the purpose of chang E: CARLOS ZEGARRA Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of Flo	03/09/202
18785 SW 29TH MIRAMAR, FL The above named SIGNATURE	H ST 33029 US d entity submits this statement for the purpose of chang E: CARLOS ZEGARRA Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of Flo	03/09/202
18785 SW 29TH MIRAMAR, FL The above named SIGNATURE Officer/Dire	H ST 33029 US d entity submits this statement for the purpose of chang E: <u>CARLOS ZEGARRA</u> Electronic Signature of Registered Agent <b>ctor Detail :</b>			03/09/202
18785 SW 29TH MIRAMAR, FL The above named SIGNATURE Officer/Dired Title	H ST 33029 US d entity submits this statement for the purpose of chang E: <u>CARLOS ZEGARRA</u> Electronic Signature of Registered Agent Ctor Detail : ED	Title	D	03/09/202

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006155

Entity Name: SACHAMAMA, INC.

## **Current Principal Place of Business:**

4581 CATAMARAN CIRCLE BOYNTON BEACH, FL 33436

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZEGARRA, CLAUDIA

OPERATIONS DIRECTOR 03/09/2023

Electronic Signature of Signing Officer/Director Detail

## FILED Mar 09, 2023 Secretary of State 0749448020CC