

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000072506

**Entity Name:** EMEXPORT, INC.

**Current Principal Place of Business:**

2333 BRICKELL AVE  
APT 214  
MIAMI, FL 33129

**FILED**  
**Jan 06, 2023**  
**Secretary of State**  
**3921181975CC**

**Current Mailing Address:**

2333 BRICKELL AVE  
APT 214  
MIAMI, FL 33129 US

**FEI Number: 65-1027876**

**Certificate of Status Desired: No**

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

ECHEVERRI, JAIME R  
2333 BRICKELL AVE  
APT 214  
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            PRESIDENT  
Name            ECHEVERRI, JAIME RAMIRO  
Address        2333 BRICKELL AVE  
                  APT 214  
City-State-Zip: MIAMI FL 33129

Title            DIRECTOR  
Name            ARISTIZABAL, RUTH CECILIA  
Address        2333 BRICKELL AVE  
                  APT 214  
City-State-Zip: MIAMI FL 33129

Title            CFO  
Name            ECHEVERRI, FELIPE  
Address        2333 BRICKELL AVE  
                  APT 214  
City-State-Zip: MIAMI FL 33129

Title            COO  
Name            ECHEVERRI, ALEJANDRA  
Address        2333 BRICKELL AVE  
                  APT 214  
City-State-Zip: MIAMI FL 33129

Title            DIRECTOR  
Name            SARA, ECHEVERRI  
Address        2333 BRICKELL AVE  
                  APT 214  
City-State-Zip: MIAMI FL 33129

*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: ECHEVERRI, FELIPE**

**MANAGER**

**01/06/2023**

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

\_\_\_\_\_  
Date