

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000074118

**Entity Name:** DLFA, INC.

**Current Principal Place of Business:**

4100 NE 2ND AVE  
SUITE 202  
MIAMI , FL 33137

**FILED**  
**Feb 06, 2023**  
**Secretary of State**  
**6869386106CC**

**Current Mailing Address:**

4100 NE 2ND AVE  
SUITE 202  
MIAMI , FL 33137 US

**FEI Number:** 65-1031909

**Certificate of Status Desired:** No

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

GRANDA, JAVIER A  
4100 NE 2ND AVE  
SUITE 202  
MIAMI , FL 33137 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:** JAVIER A GRANDA

02/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LOWENSTEIN, DIANA  
Address SALITA CARLO BOSSOLI 3  
APT 6  
City-State-Zip: LUGANO TICINO SW 6900

Title DV  
Name LOWENSTEIN, DIEGO  
Address 4100 NE 2ND AVE  
SUITE 202  
City-State-Zip: MIAMI FL 33137

Title DVS  
Name LOWENSTEIN-BOANO, PAULA  
Address 4100 NE 2ND AVE  
SUITE 202  
City-State-Zip: MIAMI FL 33137

Title DV  
Name LOWENSTEIN, FLAVIA  
Address 4100 NE 2ND AVE  
SUITE 202  
City-State-Zip: MIAMI FL 33137

Title DV  
Name LOWENSTEIN, CARLA  
Address 4100 NE 2ND AVE  
SUITE 202  
City-State-Zip: MIAMI FL 33137

Title VP  
Name GRANDA, JAVIER A  
Address 4100 NE 2ND AVE  
SUITE 202  
City-State-Zip: MIAMI FL 33137

*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:** JAVIER A GRANDA

VP

02/06/2023

Electronic Signature of Signing Officer/Director Detail

Date