

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000115996

**Entity Name:** BROTHERS BACKFLOW SPECIALISTS, INC.

**Current Principal Place of Business:**

6800 SW 40 STREET  
#439  
MIAMI, FL 33155

**Current Mailing Address:**

6800 SW 40 STREET  
#439  
MIAMI, FL 33155 US

**FEI Number:** 20-0365542

**Certificate of Status Desired:** No

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

PIZARRO, ASHLEY  
6800 SW 40 STREET  
#439  
MIAMI, FL 33155 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 PD  
Name PIZARRO, ASHLEY  
Address 6800 SW 40 STREET #439  
City-State-Zip: MIAMI FL 33155

Title VP  
Name SANTANA, PEDRO  
Address 6800 SW 40 STREET, SUITE 439  
City-State-Zip: MIAMI FL 33155

Title SECRETARY,DIRECTOR  
Name SANTANA, PEDRO  
Address 6800 SW 40TH ST SUITE 439  
City-State-Zip: MIAMI FL 33155

Title PRESIDENT, TREASURER, DIRECTOR  
Name PIZARRO, ASHLEY  
Address 6800 SW 40TH STREET SUITE 439  
City-State-Zip: MIAMI FL 33155

*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:** ASHLEY PIZARRO

PD

03/06/2023

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

\_\_\_\_\_  
Date