

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000006454

**Entity Name:** DOLPHIN CONSULTANTS AND SERVICES, INC.**Current Principal Place of Business:**3245 NE 184TH STREET, #13106  
AVENTURA, FL 33160**Current Mailing Address:**3245 NE 184TH STREET, #13106  
AVENTURA, FL 33160**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARRANCHAN, ARNALDO  
2725 NE 165TH STREET  
NORTH MIAMI BEACH, FL 33160 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            | PRIETO, MARIA J              |
| Address         | 3245 NE 184TH STREET, #13106 |
| City-State-Zip: | AVENTURA FL 33160            |

|                 |                              |
|-----------------|------------------------------|
| Title           | D                            |
| Name            | GARRANCHAN, PABLO            |
| Address         | 3245 NE 184TH STREET, #13106 |
| City-State-Zip: | AVENTURA FL 33160            |

|                 |                              |
|-----------------|------------------------------|
| Title           | TD                           |
| Name            | GARRANCHAN, LUIS             |
| Address         | 3245 NE 184TH STREET, #13106 |
| City-State-Zip: | AVENTURA FL 33160            |

|                 |                            |
|-----------------|----------------------------|
| Title           | S                          |
| Name            | GARRANCHAN, ARNALDO        |
| Address         | 2725 NE 165TH STREET       |
| City-State-Zip: | NORTH MIAMI BEACH FL 33160 |

*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:** MARIA J PRIETO

PD

04/26/2021

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