

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135225

Entity Name: PROTECCION PLENITUD, INC.**Current Principal Place of Business:**1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323**Current Mailing Address:**1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323 US**FEI Number:** 20-3584629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OQUENDO, JAIME
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323 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	SERNA, PAOLA ANDREA
Address	1560 SAWGRASS CORPORATE PWKY 4TH FLOOR
City-State-Zip:	SUNRISE FL 33323

Title	VPD
Name	OQUENDO, JAIME HUMBERTO
Address	1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	CHICA, SANDRA MILENA
Address	1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR
City-State-Zip:	SUNRISE FL 33323

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: PAOLA SERNA**PRESIDENT****04/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date