

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135225

**Entity Name:** PROTECCION PLENITUD, INC.

**Current Principal Place of Business:**

3105 NORTHWEST 107TH AVE,  
SUITE 400  
DORAL, FL 33172

**Current Mailing Address:**

3105 NORTHWEST 107TH AVE,  
SUITE 400  
DORAL, FL 33172 US

**FEI Number:** 20-3584629

**Certificate of Status Desired:** Yes

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

OQUENDO, JAIME  
3105 NORTHWEST 107TH AVE  
400  
DORAL, FL 33172 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 3105 NORTHWEST 107TH AVE  
400  
City-State-Zip: DORAL FL 33172

Title VPD  
Name OQUENDO, JAIME HUMBERTO  
Address 3105 NORTHWEST 107TH AVE  
400  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name SOLORZANO, LINA  
Address 3105 NORTHWEST 107TH AVE  
400  
City-State-Zip: DORAL FL 33172

*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:** LINA SOLORZANO

**DIRECTOR**

**04/02/2019**

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

\_\_\_\_\_  
Date