

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000033635

**Entity Name:** 2306 HOLDINGS CORP

**Current Principal Place of Business:**

C/O 1430 S. DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FL 33146

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**7637209761CC**

**Current Mailing Address:**

C/O 1430 S. DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FL 33146 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

MICHAEL ORTIZ P.A.  
1430 S. DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FL 33146 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            D P  
Name            SOLIS, RAMON H  
Address        C/O 1430 S. DIXIE HIGHWAY SUITE  
                  321  
City-State-Zip: CORAL GABLES FL 33146

Title            S  
Name            ORTIZ, MICHAEL  
Address        1430 S. DIXIE HIGHWAY SUITE 321  
City-State-Zip: CORAL GABLES FL 33146

Title            D  
Name            MURILLO SOLIS, ANDREA  
Address        C/O 1430 S. DIXIE HIGHWAY  
                  SUITE 321  
City-State-Zip: CORAL GABLES FL 33146

Title            D  
Name            ACOSTA SOLIS, ROBERTO JOSE  
Address        C/O 1430 S. DIXIE HIGHWAY  
                  SUITE 321  
City-State-Zip: CORAL GABLES FL 33146

*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: MICHAEL ORTIZ**

**S**

**04/21/2023**

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

\_\_\_\_\_  
Date