

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000022114

**Entity Name:** HAMPTON 570 INC.

**Current Principal Place of Business:**

881 OCEAN DR  
SUITE 8F  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-4720037

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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 SD  
Name GIRALDO, FABIOLA  
Address 881 OCEAN DR., APT 8F  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name GIRALDO, SONIA  
Address 881 OCEAN DR., APT 8F  
City-State-Zip: KEY BISCAYNE FL 33149

Title T  
Name GIRALDO, VICTOR  
Address 881 OCEAN DR., APT 8F  
City-State-Zip: KEY BISCAYNE FL 33149

Title PD  
Name GIRALDO, VICTORIA  
Address 881 OCEAN DR  
SUITE 8F  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** GIRALDO , FABIOLA

**SD**

**02/24/2023**

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

\_\_\_\_\_  
Date