

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000058852

**Entity Name:** ALIMER AVENTURA ISLES 1334, INC.

**Current Principal Place of Business:**

19316 N. E. 9 PLACE  
MIAMI, FL 33179

**Current Mailing Address:**

19316 N. E. 9 PLACE  
MIAMI, FL 33179

**FEI Number:** 37-1748127

**Certificate of Status Desired:** No

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

GASTON R. ALVAREZ, P. A.  
2655 S. LE JEUNE ROAD  
PH-1C  
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 DP  
Name CHOCRON BRITO, DIANA  
Address 19316 N. E. 9 PLACE  
City-State-Zip: MIAMI FL 33179

Title DVP  
Name CHOCRON BRITO, ESTHER  
Address 19316 N. E. 9 PLACE  
City-State-Zip: MIAMI FL 33179

Title DS  
Name BRITO DE CHOCRON, ALICIA  
Address 19316 N. E. 9 PLACE  
City-State-Zip: MIAMI FL 33179

Title DT  
Name CHOCRON BRITO, MERCEDES  
Address 19316 N. E. 9 PLACE  
City-State-Zip: MIAMI FL 33179

*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:** DIANA CHOCRON BRITO

**PRESIDENT**

**02/21/2023**

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

\_\_\_\_\_  
Date