

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000016878

**Entity Name:** EFAE CORP.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 46-4926918

**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 PD  
Name TCHOUHADJIAN, EDUARDO G  
Address 2121 PONCE DE LEON BLVD. STE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name CESARETTI, ALICIA S  
Address 2121 PONCE DE LEON BLVD. STE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name TCHOUHADJIAN, MARIA ELENA  
Address 2121 PONCE DE LEON BLVD. STE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name TCHOUHADJIAN, MARIA F  
Address 2121 PONCE DE LEON BLVD. STE 1050  
City-State-Zip: CORAL GABLES FL 33134

*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:** EDUARDO TCHOUHADJIAN

**PRESIDENT**

**03/13/2024**

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

\_\_\_\_\_  
Date