

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000050049

**Entity Name:** MILAGROS LOGISTICS AND SOLUTIONS, INC.

**FILED**  
**Feb 27, 2019**  
**Secretary of State**  
**4745371982CC**

**Current Principal Place of Business:**

13499 BISCAYNE BOULEVARD  
SUITE TS-1 A/K/A CUT-1  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

13499 BISCAYNE BOULEVARD  
SUITE TS-1 A/K/A CUT-1  
NORTH MIAMI, FL 33181 US

**FEI Number: 38-3936206**

**Certificate of Status Desired: No**

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD., SUITE 1225  
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 D  
Name DIBATTISTA, PIETRO  
Address 13499 BISCAYNE BOULEVARD  
SUITE TS-1 A/K/A CUT-1  
City-State-Zip: NORTH MIAMI FL 33181

Title D  
Name FLORES, LESLIE C  
Address 13499 BISCAYNE BOULEVARD  
SUITE TS-1 A/K/A CUT-1  
City-State-Zip: NORTH MIAMI FL 33181

*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: PIETRO DIBATTISTA**

**DIRECTOR**

**02/27/2019**

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

\_\_\_\_\_  
Date