

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000052881

**Entity Name:** FIGURELLA PINECREST, INC.**Current Principal Place of Business:**12693 S. DIXIE HWY  
MIAMI, FL 33156**Current Mailing Address:**8101 NW 33RD ST  
DORAL, FL 33122 US**FEI Number:** 47-1245532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**A CAMI PARALEGAL SERVICES LLC  
8101 NW 33RD ST  
DORAL, FL 33122 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:** ANGELA MARIA PEREZ

05/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                 |
|-----------------|-----------------|
| Title           | ST              |
| Name            | LELLI, CRISTINA |
| Address         | 6535 SW 48TH ST |
| City-State-Zip: | MIAMI FL 33155  |

|                 |                              |
|-----------------|------------------------------|
| Title           | P                            |
| Name            | VALLUNGA, MASSIMILIANO       |
| Address         | CALLE 18 # 91-68<br>APTO 402 |
| City-State-Zip: | BOGOTA COLOMBIA              |

|                 |                             |
|-----------------|-----------------------------|
| Title           | VP                          |
| Name            | VISAGGIO, ALDA              |
| Address         | 3131 NE 7TH AVE<br>APT 4604 |
| City-State-Zip: | MIAMI FL 33137              |

*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:** CRISTINA LELLI

ST

05/22/2020

Electronic Signature of Signing Officer/Director Detail

Date