

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000068750

Entity Name: PROT 21 CORP.**Current Principal Place of Business:**3180 S. OCEAN DRIVE
APT. 716
HALLANDALE, FL 33009**Current Mailing Address:**4005 NW 114TH AVE
UNIT 5
DORAL, FL 33178 US**FEI Number:** 47-1625082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MLP FINANCIAL GROUP INC
6303 BLUE LAGOON DR.
SUITE 320
MIAMI, FL 33126 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	LEONCINI, JUAN CARLOS
Address	3180 S. OCEAN DRIVE APT. 716
City-State-Zip:	HALLANDALE FL 33009

Title	DIRECTOR
Name	LEONCINI TOBIAS, NICOLAS
Address	3180 S. OCEAN DRIVE APT. 716
City-State-Zip:	HALLANDALE FL 33009

Title	SD
Name	TOBIAS ZEBALLOS, MARIA C
Address	3180 S. OCEAN DRIVE APT. 716
City-State-Zip:	HALLANDALE FL 33009

Title	DIRECTOR
Name	LEONCINI, PAOLA
Address	3180 S. OCEAN DRIVE APT. 716
City-State-Zip:	HALLANDALE FL 33009

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: JUAN CARLOS LEONCINI

PD

04/25/2019

Electronic Signature of Signing Officer/Director Detail_____
Date