

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000027120

**Entity Name:** MIA BEST CARE CORP.

**Current Principal Place of Business:**

2828 CORAL WAY  
SUITE 505  
MIAMI, FL 33145

**Current Mailing Address:**

2828 CORAL WAY  
SUITE 505  
MIAMI, FL 33145 US

**FEI Number:** 82-4863031

**Certificate of Status Desired:** No

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

PUENTES, LUCIANO  
2828 CORAL WAY  
SUITE 505  
MIAMI, FL 33145 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 P  
Name PUENTES, LUCIANO  
Address 2828 CORAL WAY  
SUITE 505  
City-State-Zip: MIAMI FL 33145

Title VP  
Name GONZALEZ, YULEIDY  
Address 9015 SW 202 TERR  
City-State-Zip: CUTLER BAY FL 33189

*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:** LUCIANO PUENTES

**PRESIDENT**

**01/07/2021**

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

\_\_\_\_\_  
Date