

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000051032

**Entity Name:** SOCIALPHILIA AMERICA, INC.

**Current Principal Place of Business:**

5900 SW 73RD STREET  
SUITE 302  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

5900 SW 73RD STREET  
SUITE 302  
SOUTH MIAMI, FL 33143 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

SMA MANAGEMENT SERVICES, INC.  
5900 SW 73RD STREET  
SUITE 302  
SOUTH MIAMI, FL 33143 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           PTS  
Name           CASTELLANOS, GABRIELA  
Address        5900 SW 73RD STREET  
                  SUITE 302  
City-State-Zip: SOUTH MIAMI FL 33143

*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: GABRIELA CASTELLANOS**

**PTS**

**04/25/2023**

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

\_\_\_\_\_  
Date