

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000066642

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**9827044389CC**

**Entity Name:** GONSAR CORP

**Current Principal Place of Business:**

201 ALHAMBRA CIR., STE. 501  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIR., STE. 501  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BARED, PABLO R  
201 ALHAMBRA CIR., STE. 501  
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           PTD  
Name           GONZALEZ, JOAQUIN  
Address        201 ALHAMBRA CIR., STE. 501  
City-State-Zip: CORAL GABLES FL 33134

Title           SD  
Name           SARMIENTO, DIEGO  
Address        201 ALHAMBRA CIR., STE. 501  
City-State-Zip: CORAL GABLES FL 33134

Title           AS  
Name           BARED, JULIETA  
Address        201 ALHAMBRA CIR., STE. 501  
City-State-Zip: CORAL GABLES FL 33134

*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:** JULIETA BARED

AS

02/27/2023

Electronic Signature of Signing Officer/Director Detail

Date