

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000076048

**Entity Name:** GALVES TECHNOLOGIES, INC.

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**8157693816CC**

**Current Principal Place of Business:**

% MARTINEZ & URBINA CPAS, PA  
2100 PONCE DE LEON BLVD. 740  
CORAL GABLES, FL 33134

**Current Mailing Address:**

% MARTINEZ & URBINA CPAS, PA.  
2100 PONCE DE LEON BLVD. 740  
CORAL GABLES, FL 33134 US

**FEI Number: 84-3373949**

**Certificate of Status Desired: No**

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

MARTINEZ & URBINA CPAS, PA  
2100 PONCE DE LEON BOULEVARD  
740  
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: JOSE M MARTINEZ**

**03/15/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, SECRETARY  
Name CORTADA CAMPOS, FRANCISCO J  
Address % MARTINEZ & URBINA, CPAS. COM  
2100 PONCE DE LEON BLVD. 740  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name CORTADA ALIAS, MARTI  
Address % MARTINEZ & URBINA CPAS, PA  
2100 PONCE DE LEON BLVD. 740  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name CORTADA ALIAS, OSCAR  
Address % MARTINEZ & URBINA CPAS, PA  
2100 PONCE DE LEON BLVD. 740  
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: FRANCISCO J CORTADA CAMPOS**

**PRESIDENT**

**03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date