

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000085804

Entity Name: CTIP FIRST INVESTMENT, INC.**Current Principal Place of Business:**37 PASSAIC ST
GARFIELD, NJ 07026**Current Mailing Address:**37 PASSAIC ST
GARFIELD, NJ 07026 US**FEI Number:** 84-3743539**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** CHRIS DAS

04/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LOOTAH, ALI RASHED
Address 37 PASSAIC STREET
City-State-Zip: GARFIELD NJ 07026

Title DIRECTOR
Name VANNASING, BILL
Address 37 PASSAIC STREET
City-State-Zip: GARFIELD NJ 07026

Title DIRECTOR
Name VIDAL ESQ., DARIO
Address 37 PASSAIC STREET
City-State-Zip: GARFIELD NJ 07026

Title DIRECTOR
Name SOPOT, FERNANDO M
Address 37 PASSAIC ST
City-State-Zip: GARFIELD NJ 07026

Title DIRECTOR
Name JONES, JEFFREY
Address 37 PASSAIC ST
City-State-Zip: GARFIELD NJ 07026

Title DIRECTOR
Name HERNANDEZ, JOSE
Address 37 PASSAIC STREET
City-State-Zip: GARFIELD NJ 07026

Title DIRECTOR
Name LIN, JUN
Address 265 WEST 37TH ST, 16TH FLR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name GIOMBINI, LORENZO
Address 37 PASSAIC STREET
City-State-Zip: GARFIELD NJ 07026

Continues on page 2

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: JEFFREY JONES**DIRECTOR**

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOLLICA, RUSSELL
Address 37 PASSAIC ST
City-State-Zip: GARFIELD NJ 07026

Title PRESIDENT
Name SOPOT, FERNANDO M
Address 37 PASSAIC ST
City-State-Zip: GARFIELD NJ 07026

Title TREASURER
Name SALVADOR, SHARON
Address 37 PASSAIC ST
City-State-Zip: GARFIELD NJ 07026

Title DIRECTOR
Name SALVADOR, SHARON
Address 37 PASSAIC ST
City-State-Zip: GARFIELD NJ 07026

Title SECRETARY
Name SALVADOR, SHARON
Address 37 PASSAIC ST
City-State-Zip: GARFIELD NJ 07026