

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000086819

Entity Name: HAMA GROUP SERVICES & COMMERCE CORP.**Current Principal Place of Business:**80 S SEMORAN BLVD., SUITE 106
ORLANDO, FL 32807**Current Mailing Address:**80 S SEMORAN BLVD., SUITE 106
ORLANDO, FL 32807 US**FEI Number: 86-2341393****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RUALES, JOAQUIN A
80 S SEMORAN BLVD., SUITE 100
ORLANDO, FL 32807 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	MM
Name	HAROLD DE JESUS MAESTRE
Address	80 S SEMORAN BLVD., SUITE 106
City-State-Zip:	ORLANDO FL 32807

Title	P
Name	HAROLD DE JESUS MAESTRE
Address	80 S SEMORAN BLVD., SUITE 106
City-State-Zip:	ORLANDO FL 32807

Title	VP
Name	BRAYAN D. DIAZ
Address	80 S SEMORAN BLVD., SUITE 106
City-State-Zip:	ORLANDO FL 32807

Title	VP
Name	VIVIANA AYCARDI
Address	80 S SEMORAN BLVD., SUITE 106
City-State-Zip:	ORLANDO FL 32807

Title	VP
Name	JOHANA GUERRA
Address	80 S SEMORAN BLVD., SUITE 106
City-State-Zip:	ORLANDO FL 32807

Title	S
Name	JOHANA GUERRA
Address	80 S SEMORAN BLVD., SUITE 106
City-State-Zip:	ORLANDO FL 32807

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: JOAQUIN A RUALES**MAIN MANAGER****03/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date