

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000047012

**Entity Name:** KSA NUEVA HOUSE REMODELING 2 INC**Current Principal Place of Business:**600 SAN MARIE AVE  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**600 SAN MARIE AVE  
ALTAMONTE SPRINGS, FL 32714**FEI Number:** 87-1221838**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, ARLEN  
2989 W STATE RD 434  
SUITE 400  
LONGWOOD, FL 32779 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           | P                          | Title           | P                          |
| Name            | ESTEVEZ, JOEL              | Name            | PEREZ, DENNIA              |
| Address         | 600 SAN MARIE AVE          | Address         | 600 SAN MARIE AVE          |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32714 | City-State-Zip: | ALTAMONTE SPRINGS FL 32714 |
|                 |                            |                 |                            |
| Title           | AMBR                       |                 |                            |
| Name            | GARCIA MORELL, ROBERTO     |                 |                            |
| Address         | 326 ADRIENNE DR            |                 |                            |
| City-State-Zip: | APOPKA FL 32703            |                 |                            |

*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:** ESTEVEZ , JOEL

P

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date