

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000093755

**Entity Name:** ARIETE PARTNERS 1 GP INC.

**Current Principal Place of Business:**

8725 NW 18TH TER  
STE 106  
DORAL, FL 33172

**Current Mailing Address:**

8725 NW 18TH TER  
STE 106  
DORAL, FL 33172 US

**FEI Number:** 87-3422016

**Certificate of Status Desired:** No

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

FERRO, SIMON  
1 ALHAMBRA PLAZA  
STE 1225  
MIAMI, 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 P  
Name FALSETTO, ANDREW  
Address 3225 FRANKLIN AVE CU01  
City-State-Zip: MIAMI FL 33133

Title CFO  
Name HALL, BRETT D  
Address 8725 NW 18TH TER STE 106  
City-State-Zip: DORAL FL 33172

Title VP  
Name ROJAS, JUAN C  
Address 8725 NW 18TH TER STE 106  
City-State-Zip: DORAL FL 33172

Title VP  
Name FALSETTO, MICHAEL  
Address 3225 FRANKLIN AVE  
City-State-Zip: MIAMI FL 33133

Title VP  
Name BELTRAN, MICHAEL  
Address 3225 FRANKLIN AVE  
City-State-Zip: MIAMI FL 33133

*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:** ANDREW G FALSETTO

P

03/29/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date