

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000047162

**Entity Name:** AMARETTO 13 CORPORATION**Current Principal Place of Business:**422 RIDGEWOOD ROAD  
KEY BISCAYNE, FL 33149**Current Mailing Address:**9300 S. DADELAND BLVD  
STE 600  
MIAMI, FL 33156 US**FEI Number:** 65-0431176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES REGISTERED AGENTS, INC.  
9300 S. DADELAND BLVD  
STE 600  
MIAMI, FL 33156 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           | PD                           |
| Name            | BREVE, FREDERICO T           |
| Address         | 104 CRANDON BLVD STE 320     |
| City-State-Zip: | KEY BISCAYNE FL 33149        |
| Title           | SD                           |
| Name            | BREVE, MONIQUE               |
| Address         | 104 CRANDON BLVD., SUITE 320 |
| City-State-Zip: | KEY BISCAYNE FL 33149        |

|                 |                          |
|-----------------|--------------------------|
| Title           | VD                       |
| Name            | BREVE, MARITZA P         |
| Address         | 104 CRANDON BLVD STE 320 |
| City-State-Zip: | KEY BISCAYNE FL 33149    |
| Title           | TD                       |
| Name            | BREVE, FREDERICO M       |
| Address         | 104 CRANDON BLVD STE 320 |
| City-State-Zip: | KEY BISCAYNE FL 33149    |

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:** BREVE , FREDERICO T

PD

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date