

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000053511

**Entity Name:** PARRANDA VENTURES, INC.

**Current Principal Place of Business:**

1001 PONCE DE LEON BLVD  
SUITE E  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1001 PONCE DE LEON BLVD  
SUITE E  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0432644

**Certificate of Status Desired:** No

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

SARRIA, FRANCISCO  
1001 PONCE DE LEON BLVD  
SUITE E  
CORAL GABLES, 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 T  
Name SARRIA, FEDERICO  
Address 4725 SW 8 ST.  
City-State-Zip: MIAMI FL 33134

Title S  
Name SARRIA, MARIA DEL C  
Address 4725 SW 8 ST.  
City-State-Zip: MIAMI FL 33134

Title P  
Name SARRIA, FRANCISCO  
Address 4725 SW 8TH  
City-State-Zip: MIAMI FL 33134

Title V  
Name SARRIA, RICARDO  
Address 4725 SW 8TH  
City-State-Zip: MIAMI FL 33134

*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:** FRANCISCO SARRIA

**PRESIDENT**

**01/28/2024**

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

\_\_\_\_\_  
Date