

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072702

Entity Name: RODEL FIRE PROTECTION SYSTEMS, INC.**Current Principal Place of Business:**13601 S.W. 143 CT
SUITE 105
MIAMI, FL 33186**Current Mailing Address:**13601 S.W. 143 CT
SUITE 105
MIAMI, FL 33186**FEI Number:** 65-0860796**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELGADO, ELISEO F
13601 S.W. 143 CT
SUITE 105
MIAMI, FL 33186 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	PSD
Name	DELGADO, ELISEO F
Address	13601 S.W. 143 CT SUITE 105
City-State-Zip:	MIAMI FL 33186

Title	VP, DIRECTOR
Name	DELGADO, AGNES M
Address	13601 S.W. 143 CT SUITE 105
City-State-Zip:	MIAMI FL 33186

Title	VP
Name	PERDOMO, JORGE
Address	13601 S.W. 143 CT SUITE 105
City-State-Zip:	MIAMI FL 33186

Title	VP
Name	DE LAS TRAVIESAS, JORGE L
Address	13601 S.W. 143 CT SUITE 105
City-State-Zip:	MIAMI FL 33186

Title	TREASURER
Name	KHAN, IMRAN W.
Address	13601 S.W. 143 CT SUITE 105
City-State-Zip:	MIAMI FL 33186

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: ELISEO F DELGADO**PRESIDENT****02/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date