

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000088377

**Entity Name:** B2C & B2B FULFILLMENT CENTER INC**Current Principal Place of Business:**13274 SW 40TH STREET  
DAVIE, FL 33330**Current Mailing Address:**13274 SW 40TH STREET  
DAVIE, FL 33330 US**FEI Number:** 87-3083736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARRA, ANGEL M  
13274 SW 40TH STREET  
DAVIE, FL 33330 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:** ANGEL M PARRA

03/17/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | P                    |
| Name            | PARRA, ANGEL M       |
| Address         | 13274 SW 40TH STREET |
| City-State-Zip: | DAVIE FL 33330       |

|                 |                      |
|-----------------|----------------------|
| Title           | T                    |
| Name            | PARRA, COREY D       |
| Address         | 13274 SW 40TH STREET |
| City-State-Zip: | DAVIE FL 33330       |

|                 |                      |
|-----------------|----------------------|
| Title           | V                    |
| Name            | PARRA, KELLY P       |
| Address         | 13274 SW 40TH STREET |
| City-State-Zip: | DAVIE FL 33330       |

|                 |                      |
|-----------------|----------------------|
| Title           | S                    |
| Name            | PARRA, KELSEY A      |
| Address         | 13274 SW 40TH STREET |
| City-State-Zip: | DAVIE FL 33330       |

*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:** ANGEL M PARRA

PRESIDENT

03/17/2022

Electronic Signature of Signing Officer/Director Detail

Date