

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004652

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**5380852631CC**

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

**Current Principal Place of Business:**

1951 NW 7TH AVE  
SUITE 160-113  
MIAMI, FL 33136

**Current Mailing Address:**

1951 NW 7TH AVE  
SUITE 160-113  
MIAMI, FL 33136 US

**FEI Number:** 81-4117606

**Certificate of Status Desired:** No

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

MIKKOLA, JOHANNA  
1951 NW 7TH AVE  
SUITE 160-113  
MIAMI, FL 33136 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:** JOHANNA MIKKOLA

02/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HAYES, MONIQUE D ESQ.  
Address 1951 NW 7TH AVE  
SUITE 160-113  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name RIVERO, ANDRES ESQ.  
Address 1951 NW 7TH AVE  
SUITE 160-113  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name CORPION, KRISTEN ESQ.  
Address 1951 NW 7TH AVENUE  
160-113  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR OF OPERATIONS  
Name SEDLACK, NICOLE  
Address 1951 NW 7TH AVE  
SUITE 160-113  
City-State-Zip: MIAMI FL 33136

Title OFFICER  
Name MIKKOLA, JOHANNA  
Address 1951 NW 7TH AVE  
SUITE 160-113  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name MOAS, RAUL  
Address 1951 NW 7TH AVE  
SUITE 160-113  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name BUCHANAN, LEIGH-ANN ESQ.  
Address 1951 NW 7TH AVE  
SUITE 160-113  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name MEDINA, MELISSA  
Address 1951 NW 7TH AVE  
SUITE 160-113  
City-State-Zip: MIAMI FL 33136

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHANNA MIKKOLA

OFFICER

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date