

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

DOCUMENT# N18000010445

**Entity Name:** WHY I WRITE, INC.

**Current Principal Place of Business:**

1142 NW 195TH AVE.  
SUITE 201  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

1142 NW 195TH AVE.  
SUITE 201  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 83-3624648

**Certificate of Status Desired:** No

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

CAGAN, SCOTT L ESQ.  
GRAYROBINSON, P.A. 401 E. LAS OLAS BLVD.  
SUITE 1000  
FT. LAUDERDALE, FL 33301 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 P  
Name CAGAN, ALYSSA E  
Address 1142 NW 195TH AVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name CAGAN, SCOTT L  
Address 401 E. LAS OLAS BLVD., SUITE 1000  
City-State-Zip: FT. LAUDERDALE FL 33301

Title T  
Name CAGAN, LETICIA M  
Address 1142 NW 195TH AVE  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** SCOTT L. CAGAN

**OFFICER AND  
REGISTERED AGENT**

**04/06/2024**

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

\_\_\_\_\_  
Date