

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000013199

**FILED**  
**Feb 11, 2021**  
**Secretary of State**  
**1856910766CC**

**Entity Name:** INVISIBLE ME WARRIORS CHRONIC ILLNESS ADVOCATES LIMITED INC.

**Current Principal Place of Business:**

1601-1 N MAIN ST #3159  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1601-1 N MAIN ST #3159  
JACKSONVILLE, FL 32206 US

**FEI Number:** 83-2893496

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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, CEO  
Name ALDAS, MICHELL V  
Address 1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

Title TREASURER, DIRECTOR  
Name MALONEY, JOHNNY  
Address 1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

Title SECRETARY  
Name RIVERA-AZUA, JAVESHNEV AIMEE  
Address 1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name ALDAS, MICHELLE VERONICA  
Address 1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name ALDAS, RUTH  
Address 1601-1 N MAIN ST #3159  
City-State-Zip: JACKSONVILLE FL 32206

*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:** MICHELLE VERONICA ALDAS

**PRESIDENT**

**02/11/2021**

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

\_\_\_\_\_  
Date