

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009428

**Entity Name:** COMFORT CRUSADERS, INC.

**Current Principal Place of Business:**

8150 PONCE DE LEON ROAD  
CORAL GABLES, FL 33143

**Current Mailing Address:**

8150 PONCE DE LEON ROAD  
CORAL GABLES, FL 33143 US

**FEI Number:** 84-2989857

**Certificate of Status Desired:** Yes

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

MALOOF, MARIA  
8150 PONCE DE LEON ROAD  
CORAL GABLES, FL 33143 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:** MARIA MALOOF

03/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR, PRESIDENT  
Name MALOOF, MARIA  
Address 8150 PONCE DE LEON ROAD  
City-State-Zip: CORAL GABLES FL 33143

Title DIR, VP  
Name RETTIG, PRISCILLA  
Address 8150 PONCE DE LEON ROAD  
City-State-Zip: CORAL GABLES FL 33143

Title DIR, TREASURER  
Name SARKISIAN, KIM  
Address 8150 PONCE DE LEON ROAD  
City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR  
Name CONNOLLY, KEVIN  
Address 8150 PONCE DE LEON RD.  
City-State-Zip: CORAL GABLES FL 33143

Title SECRETARY  
Name BERDELLANS, MEGHAN MALOOF  
Address 8150 PONCE DE LEON ROAD  
City-State-Zip: CORAL GABLES FL 33143

*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:** MARIA MALOOF

DIR

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date