

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

DOCUMENT# N20000006520

**Entity Name:** THRIVE ON INC

**Current Principal Place of Business:**

3170 CORAL WAY  
1005  
MIAMI, FL 33145

**FILED**  
**Apr 15, 2021**  
**Secretary of State**  
**3004631291CC**

**Current Mailing Address:**

3170 CORAL WAY  
1005  
MIAMI, FL 33145 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SOLIS, ANDREA  
3170 CORAL WAY  
1005  
MIAMI, FL 33145 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            SOLIS, ANDREA  
Address        3170 CORAL WAY 1  
City-State-Zip: MIAMI FL 33145

Title            VP  
Name            RUIZ, CARLOS  
Address        3170 CORAL WAY, 1005  
City-State-Zip: MIAMI FL 33145

Title            SEC  
Name            GOMEZ, CLARA  
Address        3170 CORAL WAY 1005  
City-State-Zip: MIAMI FL 33145

Title            TREA  
Name            DISLA, SIDEL  
Address        3170 CORAL WAY 1005  
City-State-Zip: MIAMI FL 33145

*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: ANDREA SOLIS**

**PRESIDENT**

**04/15/2021**

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

\_\_\_\_\_  
Date