

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

DOCUMENT# N21000002163

**Entity Name:** JUST BREATHE 365 INC.

**Current Principal Place of Business:**

124 N 2ND STREET  
FORT PIERCE, FL 34950

**Current Mailing Address:**

124 N 2ND STREET  
FORT PIERCE, FL 34950 US

**FEI Number:** 86-1744928

**Certificate of Status Desired:** Yes

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

ALMENDAREZ, ANGEL  
124 N 2ND STREET  
FORT PIERCE, FL 34950 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 ALMENDAREZ, ANGEL  
Address P.O.BOX 9316  
City-State-Zip: PORT SAINT LUCIE FL 34985

Title VP1  
Name FAVALE, CHRIS  
Address P.O.BOX 9316  
City-State-Zip: PORT SAINT LUCIE FL 34985

Title VP2  
Name RAMIREZ, GENELLE  
Address P.O.BOX 9316  
City-State-Zip: PORT SAINT LUCIE FL 34985

Title TRES  
Name DIGIACOMO, SELINA  
Address P.O.BOX 9316  
City-State-Zip: PORT SAINT LUCIE FL 34985

Title SEC  
Name WELSCH, ANITA  
Address P.O.BOX 9316  
City-State-Zip: PORT SAINT LUCIE FL 34985

*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:** ANGEL ALMENDAREZ

**PRESIDENT**

**04/22/2022**

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

\_\_\_\_\_  
Date