

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

DOCUMENT# N22000004361

**Entity Name:** THROUGH ME INC.

**Current Principal Place of Business:**

11715 SW 18 ST  
APT 207 APT 207  
MIAMI, FL 33175

**Current Mailing Address:**

11715 SW 18 ST  
APT 207  
MIAMI, FL 33175 US

**FEI Number: 00-0384648**

**Certificate of Status Desired: No**

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

TABOADA, YARILEND  
11715 SW 18 ST  
APT 207  
MIAMI, FL 33175 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 DIRE  
Name DELGADO, VANESSA  
Address 9305 SW 4 LANE  
City-State-Zip: MIAMI MIAMI FL 33174

Title DIRE  
Name LEONE, LILIANA J  
Address 8231 NW 5 LANE  
City-State-Zip: MIAMI FL 33126

Title DIRE  
Name ANDA RUIZ, DIANA P  
Address 8830 NW 36 ST #1400  
City-State-Zip: MIAMI FL 33178

Title DIRE  
Name FUENTES, DAWN E  
Address 6488 SW 11 ST  
City-State-Zip: MIAMI FL 33144

Title P  
Name TABOADA, YARILEND  
Address 11715 SW 18 ST APT 207  
City-State-Zip: MIAMI FL 33175

*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: YARILEND TABOADA**

**PRESIDENT**

**02/15/2024**

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

\_\_\_\_\_  
Date