	DOCUMENT#	601362	Feb 03, 20
	Entity Name:	Secretary of 560435905	
	1048 KANE CONC	ipal Place of Business: COURSE LANDS, FL 33154	560455905
	Current Mailir	ng Address:	
	1048 KANE CO BAY HARBOR	ONCOURSE RISLANDS, FL 33154	
FEI Number: 59-1269795 Certifi		icate of Status Desired	
	Name and Ad	dress of Current Registered Agent:	
	JACOBSON, GILE 3700 ISLAND BLV AVENTURA, FL 3	/D. #C-305	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the			nt, or both, in the State of Florida.
	SIGNATURE:	DR GILBERT JACOBSON	02/
		Electronic Signature of Registered Agent	

Officer/Director Detail :

Title	DP	
Name	JACOBSON, GILBERT	
Address	1048 KANE CONCOURSE	
City-State-Zip:	BAY HARBOR ISLD FL	

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DP

SIGNATURE: GILBERT JACOBSON

Electronic Signature of Signing Officer/Director Detail

FILED Feb 03, 2024 **Secretary of State** 5604359053CC

ficate of Status Desired: No

02/03/2024 Date

Date

02/03/2024

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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