

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94309

Entity Name: JOHNVINCE FOODS (FLORIDA), INC.**Current Principal Place of Business:**980 N FEDERAL HIGHWAY
SUITE # 406
BOCA RATON, FL 33432**Current Mailing Address:**555 STEEPROCK DRIVE
DOWNSVIEW, ONTARIO M3J 2Z6 CA**FEI Number:** 59-2654969**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVID TORCHIN
980 N FEDERAL HIGHWAY
SUITE # 406
BOCA RATON, FL 33432 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:** DAVID TORCHIN CPA

03/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | PD |
| Name | PULLA, VINCENZO |
| Address | 555 STEEPROCK DRIVE |
| City-State-Zip: | DOWNSVIEW ONTARIO M3J 2Z6 |

| | |
|-----------------|---------------------------|
| Title | VPSD |
| Name | PULLA, JOSEPH |
| Address | 555 STEEPROCK DRIVE |
| City-State-Zip: | DOWNSVIEW ONTARIO M3J 2Z6 |

| | |
|-----------------|---------------------------|
| Title | T/D |
| Name | PULLA, RITA |
| Address | 555 STEEPROCK DRIVE |
| City-State-Zip: | DOWNSVIEW ONTARIO M3Z 2Z6 |

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.

SIGNATURE: VINCENZO PULLA

PD

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date