

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L40402

**Entity Name:** THE CLOSET DOCTOR OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5199 NW 15 STREET  
B 5  
MARGATE, FL 33063

**Current Mailing Address:**

10238 NW 63 DRIVE  
PARKLAND, FL 33076 US

**FEI Number:** 65-0162327

**Certificate of Status Desired:** No

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

COHEN, GLENDA PRES  
10238 NW 63 DRIVE  
PARKLAND, FL 33076 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	Title	VP
Name	COHEN, GLENDA PRES	Name	COHEN, WILLIAM V PRES
Address	10238 NW 63 DRIVE	Address	10238 NW 63 DRIVE
City-State-Zip:	PARKLAND FL 33076	City-State-Zip:	PARKLAND FL 33076

*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:** GLENDA E COHEN

**PRESIDENT**

**04/01/2023**

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

\_\_\_\_\_  
Date