

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000102620

**Entity Name:** THRIVEN CORPORATION

**Current Principal Place of Business:**

1 W. LINTON BLVD.  
BAY# 4  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1 W. LINTON BLVD.  
BAY# 4  
DELRAY BEACH, FL 33444

**FEI Number:** 65-1146912

**Certificate of Status Desired:** No

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

QUEIROZ, LUCIANE S  
1 W. LINTON BLVD.  
BAY# 4  
DELRAY BEACH, FL 33444 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 PD  
Name QUEIROZ, LUCIANE S  
Address 2660 N. SEACREST BLVD.  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** LUCIANE QUEIROZ

**PRESIDENT**

**02/07/2020**

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

\_\_\_\_\_  
Date