

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000117174

**Entity Name:** LUCY & ABEL ENTERPRISE INC.

**Current Principal Place of Business:**

53 RELAXED CIRCLE  
HYPOLUXO, FL 33462

**Current Mailing Address:**

53 RELAXED CIRCLE  
HYPOLUXO, FL 33462 US

**FEI Number:** 04-3611009

**Certificate of Status Desired:** No

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

ECHEMENDIA, LUCY  
53 RELAXED CIRCLE  
HYPOLUXO, FL 33462 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 PSTD  
Name ECHEMENDIA, LUCY  
Address 53 RELAXED CIRCLE  
City-State-Zip: HYPOLUXO FL 33462

Title VP  
Name ECHEMENDIA, ABEL  
Address 53 RELAXED CIRCLE  
City-State-Zip: HYPOLUXO FL 33462

*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:** ABEL ECHEMENDIA

VP

02/01/2024

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

\_\_\_\_\_  
Date