

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021590

Entity Name: COMPREHENSIVE AUTISM PARTNERSHIP, INC.**Current Principal Place of Business:**3004 NW 130TH TERRACE
APT 353
SUNRISE, FL 33323**Current Mailing Address:**3004 NW 130TH TERRACE
APT 353
SUNRISE, FL 33323 US**FEI Number:** 04-3743275**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WESTON TITLE & ESCROW, INC.
2500 WESTON ROAD, SUITE 404
WESTON, FL 33331 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 DIRECTOR
Name SAUCEDA, JULIE
Address 3004 NW 130TH TERRACE
APT 353
City-State-Zip: SUNRISE FL 33323Title DIRECTOR
Name HAMAN, TONI
Address 1219 SKYLARK DRIVE
City-State-Zip: WESTON FL 33327Title DIRECTOR
Name FOXLEY, SUMMER
Address 1219 SKYLARK DRIVE
City-State-Zip: WESTON FL 33327

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: JULIE SAUCEDA**BUSINESS MANAGER****03/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date