

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000082962

**Entity Name:** DR. MOVERS, INC.

**Current Principal Place of Business:**

4611 S. UNIVERSITY DR  
SUITE #111  
DAVIE, FL 33328

**Current Mailing Address:**

4611 S. UNIVERSITY DR  
SUITE #111  
DAVIE, FL 33328 US

**FEI Number:** 20-0119791

**Certificate of Status Desired:** No

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

ROFFE, DORIT  
4611 S. UNIVERSITY DR  
SUITE #111  
DAVIE, FL 33328 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            PRES  
Name            ROFFE, DORIT  
Address        4611 S. UNIVERSITY DR. STE 111  
City-State-Zip: DAVIE FL 33328

Title            VPAD  
Name            ROSMAN, ELAD  
Address        4611 S. UNIVERSITY DR SUITE 111  
City-State-Zip: DAVIE FL 33328

*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:** DORIT ROFFE

**PRES**

**03/15/2021**

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

\_\_\_\_\_  
Date