

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000171232

**Entity Name:** DOLCHE, INC.

**Current Principal Place of Business:**

253 172 ST  
APT. #216  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

253 172 ST  
APT. #216  
SUNNY ISLES, FL 33160 US

**FEI Number:** 20-2044455

**Certificate of Status Desired:** No

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

DOLTCHINKOV, HRISTO  
253 172 ST.  
APT. #216  
SUNNY ISLES, FL 33160 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 SR  
Name DOLTCHINKOV, HRISTO  
Address 253 172 ST., APT. #216  
City-State-Zip: SUNNY ISLES FL 33160

Title OFFICER  
Name DARVIN MONSALVE  
Address 253 172 ST  
APT. #216  
City-State-Zip: SUNNY ISLES FL 33160

Title OFFICER  
Name MIGUEL ANGEL  
Address 253 172 ST  
APT. #216  
City-State-Zip: SUNNY ISLES FL 33160

Title OFFICER  
Name KELVIN HERNANDEZ  
Address 253 172 ST  
APT. #216  
City-State-Zip: SUNNY ISLES FL 33160

*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:** HRISTO DOLTCHINKOV

**PRESIDENT**

**01/27/2024**

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

\_\_\_\_\_  
Date