

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000046224

**Entity Name:** MOLINANI INC.**Current Principal Place of Business:**20000 EAST COUNTRY CLUB DR.  
805  
AVENTURA, FL 33180**Current Mailing Address:**PO BOX 0822  
HALLANDALE, FL 33008 US**FEI Number:** 20-4118298**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALANTE, ALBERT  
20000 EAST COUNTRY CLUB DR.  
805  
AVENTURA, FL 33180 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	DP
Name	GALANTE, ALBERT
Address	20000 EAST COUNTRY CLUB DR. APT. 805
City-State-Zip:	AVENTURA FL 33180

Title	DVP
Name	GALANTE, MARLYNE
Address	20000 EAST COUNTRY CLUB DR. APT. 805
City-State-Zip:	AVENTURA FL 33180

Title	DVP
Name	GALANTE, LIANA
Address	20000 EAST COUNTRY CLUB DR. APT. 805
City-State-Zip:	AVENTURA FL 33180

Title	DVP
Name	GALANTE, MOISES
Address	20000 EAST COUNTRY CLUB DR. APT.805
City-State-Zip:	AVENTURA FL 33180

Title	DVP
Name	GALANTE, NATALY
Address	20000 EAST COUNTRY CLUB DR. APT.805
City-State-Zip:	AVENTURA FL 33180

Title	DVP
Name	GALANTE, NICOLE
Address	20000 EAST COUNTRY CLUB DR. 805
City-State-Zip:	AVENTURA FL 33180

*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:** ALBERT GALANTE**DO****04/14/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date