# 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: LANCELOT M BRYAN

Electronic Signature of Signing Officer/Director Detail

FEI Number: 20-2702972

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# Name and Address of Current Registered Agent:

Entity Name: MI-LAN INTERIOR DESIGN CORP

**Current Principal Place of Business:** 

BRYAN, LANCELOT M 11703 SW 144 AVE MIAMI, FL 33186 US

11703 SW 144 AVE MIAMI. FL 33186

11703 SW 144 AVE MIAMI, FL 33186

DOCUMENT# P05000055574

**Current Mailing Address:** 

The above named entity submits this sa

#### SIGNATURE:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	Р	Title	V
Name	BRYAN, LANCELOT M	Name	MOGOLLON, MIGUEL A
Address	11703 SW 144 AVE	Address	11703 SW 144 AVE
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
ature of Registered Agent	Date

### FILED Apr 28, 2023 Secretary of State 7812705731CC

Certificate of Status Desired: No

Date

Ρ

04/28/2023