

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000041619

**Entity Name:** JANINE GONZALEZ, INC.

**Current Principal Place of Business:**

6090 SW BALD EAGLE DR.  
PALM CITY, FL 34990

**Current Mailing Address:**

6090 SW BALD EAGLE DR.  
PALM CITY, FL 34990

**FEI Number:** 20-4741792

**Certificate of Status Desired:** No

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

GONZALEZ, JANINE  
6090 SW BALD EAGLE DR.  
PALM CITY, FL 34990 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           | PS                    | Title           | DT                    |
| Name            | GONZALEZ, JANINE      | Name            | GONZALEZ, JANINE      |
| Address         | 6090 SW BALD EAGLE DR | Address         | 6090 SW BALD EAGLE DR |
| City-State-Zip: | PALM CITY FL 34990    | City-State-Zip: | PALM CITY FL 34990    |

*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:** JANINE GONZALEZ

**PRESIDENT**

**04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date