

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000088600

Entity Name: ESTALEW HOLDINGS, INC.**Current Principal Place of Business:**12000 BISCAYNE BOULEVARD
SUITE 217
NORTH MIAMI, FL 33181**Current Mailing Address:**12000 BISCAYNE BOULEVARD
SUITE 217
NORTH MIAMI, FL 33181 US**FEI Number:** 76-0529012**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESS, LEWIS M
12000 BISCAYNE BOULEVARD
SUITE 217
NORTH MIAMI, FL 33181 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:** LEWIS M. RESS

02/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	RESS, LEWIS M
Address	12000 BISCAYNE BOULEVARD, SUITE 217
City-State-Zip:	NORTH MIAMI FL 33181

Title	VP
Name	RESS, LEWIS M
Address	12000 BISCAYNE BOULEVARD, SUITE 217
City-State-Zip:	NORTH MIAMI FL 33181

Title	DIR
Name	RESS, LEWIS M
Address	12000 BISCAYNE BOULEVARD, SUITE 217
City-State-Zip:	NORTH MIAMI FL 33181

Title	SEC
Name	RESS, ESTA B
Address	12000 BISCAYNE BOULEVARD, SUITE 217
City-State-Zip:	NORTH MIAMI FL 33181

Title	TRES
Name	RESS, ESTA B
Address	12000 BISCAYNE BOULEVARD, SUITE 217
City-State-Zip:	NORTH MIAMI FL 33181

Title	DIR
Name	RESS, ESTA B
Address	12000 BISCAYNE BOULEVARD, SUITE 217
City-State-Zip:	NORTH MIAMI FL 33181

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: LEWIS M RESS

TD

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date