

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000093197

Entity Name: GENOA, CORP.**Current Principal Place of Business:**6039 COLLINS AVE
530
MIAMI BEACH, FL 33140**Current Mailing Address:**6039 COLLINS AVE
530
MIAMI BEACH, FL 33140 US**FEI Number:** 61-1637999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUARNIERI, GIUSEPPE
6039 COLLINS AVE
530
MIAMI BEACH, FL 33140 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	VP
Name	GUARNIERI, GIUSEPPE
Address	6039 COLLINS AVE # 530
City-State-Zip:	MIAMI BEACH 33140

Title	D
Name	GUARNIERI, LIONEL C
Address	6039 COLLINS AVE # 530
City-State-Zip:	MIAMI BEACH FL 33140

Title	D
Name	GUARNIERI, JOEL R
Address	6039 COLLINS AVE # 530
City-State-Zip:	MIAMI BEACH FL 33140

Title	PRESIDENT
Name	PERRONE, CLAUDIA J
Address	6039 COLLINS AVE # 530
City-State-Zip:	MIAMI BEACH FL 33140

Title	D
Name	GUARNIERI, URIEL J
Address	6039 COLLINS AVE # 530
City-State-Zip:	MIAMI BEACH FL 33140

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: GUARNIERI , GIUSEPPE**PRESIDENT****03/06/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date