| Current Mailing Address: | | | | |
|--|---|-----------------------|---|----------------------|
| 9300 SW 8T | CH ST APT 423 DN, FL 33428 US | | | |
| FEI Number: 45-2716987 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| TEIXEIRA, LUCIANA 5137 N DIXIE HWY POMPANO BEACH, FL 33064 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. | | | | |
| | d entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Fl | orida. |
| SIGNATURE | d entity submits this statement for the purpose of changing its regis E: LUCIANA TEIXEIRA | tered office or regis | tered agent, or both, in the State of Fl | orida. 04/03/2024 |
| SIGNATURE | | tered office or regis | tered agent, or both, in the State of Fl | |
| SIGNATURE Officer/Dire | E: LUCIANA TEIXEIRA Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the State of Fl | 04/03/2024 |
| | E: LUCIANA TEIXEIRA Electronic Signature of Registered Agent | Title | tered agent, or both, in the State of Flo | 04/03/2024 |
| Officer/Dire | E: LUCIANA TEIXEIRA Electronic Signature of Registered Agent ctor Detail : | | | 04/03/2024 |
| Officer/Dire Title | E: LUCIANA TEIXEIRA Electronic Signature of Registered Agent Ctor Detail : | Title | TREASURY | 04/03/2024 |

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: LUCIANA TEIXEIRA

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: CODISBEL ENTERPRISE CORP

Current Principal Place of Business:

DOCUMENT# P11000062304

POMPANO BEACH, FL 33064

5137 N DIXIE HWY

Ρ

04/03/2024

Date

FILED Apr 03, 2024 Secretary of State 1615427340CC