

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000004173

**Entity Name:** BOSTON MATTHEWS, INC**Current Principal Place of Business:**12136 WILES ROAD  
CORAL SPRINGS, FL 33076**Current Mailing Address:**12136 WILES ROAD  
CORAL SPRINGS, FL 33076**FEI Number:** 46-1752267**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUCCI, MARK S  
5561 N. UNIVERSITY DR.  
SUITE 102  
CORAL SPRINGS, FL 33067 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           | P                      |
| Name            | BROOKES, SIMON         |
| Address         | 12136 WILES ROAD       |
| City-State-Zip: | CORAL SPRINGS FL 33076 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | BROOKES, COLIN         |
| Address         | 12136 WILES ROAD       |
| City-State-Zip: | CORAL SPRINGS FL 33076 |

|                 |                        |
|-----------------|------------------------|
| Title           | T                      |
| Name            | BROOKES, RICHARD       |
| Address         | 12136 WILES ROAD       |
| City-State-Zip: | CORAL SPRINGS FL 33076 |

|                 |                               |
|-----------------|-------------------------------|
| Title           | S                             |
| Name            | GARCIA, KEILA L               |
| Address         | 2217 CYPRESS ISLAND DR., #503 |
| City-State-Zip: | POMPANO BEACH FL 33069        |

*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:** BROOKES , SIMON

P

02/27/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date