

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000037857

**Entity Name:** LA GARSONIE INC

**Current Principal Place of Business:**

17801 NORTH BAY RD  
410  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

17801 NORTH BAY RD  
410  
SUNNY ISLES, FL 33160 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

BENSO, ROBERTO  
400 SUNNY ISLES BLVD  
CU1  
SUNNY ISLES, FL 33160 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 D'ANTONI, FAUSTO V  
Address 18090 COLLINS AVE, SUITE T 19-20  
City-State-Zip: SUNNY ISLES FL 33160

Title VP  
Name FORTINO, LIA B  
Address 18090 COLLINS AVE, T 19-20  
City-State-Zip: SUNNY ISLES FL 33160

Title T  
Name D'ANTONI, VANINA  
Address 18090 COLLINS AVE, T 19-20  
City-State-Zip: SUNNY ISLES FL 33160

Title DIRECTOR  
Name D'ANTONI, IVAN  
Address 17801 NORTH BAY RD  
410  
City-State-Zip: AVENTURA FL 33160

*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: FAUSTO V D'ANTONI**

**P**

**04/12/2023**

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

\_\_\_\_\_  
Date