

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000038960

**Entity Name:** MAGNANI & CO CPA PA

**Current Principal Place of Business:**

4770 BISCAYNE BLVD.  
SUITE 970  
MIAMI, FL 33137

**FILED**  
**Jan 24, 2021**  
**Secretary of State**  
**9779193332CC**

**Current Mailing Address:**

4770 BISCAYNE BLVD.  
SUITE 970  
MIAMI, FL 33137 US

**FEI Number:** 46-2670536

**Certificate of Status Desired:** No

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

MAGNANI, MASSIMO  
4770 BISCAYNE BLVD.  
STE 970  
MIAMI, FL 33137 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 PVTD  
Name MAGNANI, MASSIMO  
Address 4770 BISCAYNE BLVD.  
SUITE 970  
City-State-Zip: MIAMI FL 33137

Title V  
Name SIMONI, DANIELA  
Address 4770 BISCAYNE BLVD.  
SUITE 970  
City-State-Zip: MIAMI FL 33137

Title S  
Name VINCENZI, SANTE  
Address 4770 BISCAYNE BLVD.  
SUITE 970  
City-State-Zip: MIAMI FL 33137

*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:** MASSIMO MAGNANI

**PRESIDENT**

**01/24/2021**

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

\_\_\_\_\_  
Date