

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000019806

**Entity Name:** SERENE TRANQUIL WELLNESS SERVICES INC

**Current Principal Place of Business:**

230 S. CYPRESS RD  
I  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

230 S. CYPRESS RD  
SUITE I  
POMPANO BEACH, FL 33060 US

**FEI Number:** 46-4962002

**Certificate of Status Desired:** No

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

MILLER, LILIANA I  
6295 W. SAMPLE RD, STE 670213  
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 MILLER, BRIAN W  
Address 6295 W. SAMPLE RD, STE 670213  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP  
Name MILLER, LILIANA IVETH  
Address 230 S. CYPRESS RD, STE I  
City-State-Zip: POMPANO BEACH FL 33060

Title S  
Name MILLER, LILIANA I  
Address 6295 W. SAMPLE RD, STE 670213  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** BRIAN MILLER

**PRESIDENT**

**02/25/2021**

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

\_\_\_\_\_  
Date