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.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

<u>2024</u>	<b>FLORIDA PROFIT</b>	CORPORATION	ANNUAL REPORT

#### DOCUMENT# P14000052403

Entity Name: ALLINI WATER FILTERS OF FLORIDA, INC.

#### **Current Principal Place of Business:**

4780 W WOOLBRIGHT ROAD #203 GOLF, FL 33436

### **Current Mailing Address:**

1546 PRIMROSE LANE WELLINGTON, FL 33414 US

## FEI Number: 47-1375562

# Name and Address of Current Registered Agent:

BROWNING, CALE 1991 S KANNER HWY STUART, FL 34994 US Certificate of Status Desired: No

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	CALE BROWNING	01/24/2024		
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	ZAPPIER, JAMIE	Name	ZAPPIER, VINCENT G	
Address	1546 PRIMROSE LANE	Address	87 UNION AVE	
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	HARRISON NY 10528	

FILED Jan 24, 2024 Secretary of State 4683525606CC

Date

01/24/2024