

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000059913

**Entity Name:** ANNA TOKAREVA, P.A.

**Current Principal Place of Business:**

1830 S OCEAN DRIVE  
SUITE 4702  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1830 S OCEAN DR  
SUITE 4702  
HALLANDLE BCH, FL 33009-7717 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TOKAREVA, ANNA  
1830 S OCEAN DR  
SUITE 4702  
HALLANDLE BCH, FL 33009-7717 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 D  
Name ANNA , TOKAREVA  
Address 1830 S OCEAN DR  
SUITE 4702  
City-State-Zip: HALLANDLE BCH FL 33009-7717

*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:** ANNA TOKAREVA

**PRES**

**02/01/2023**

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

\_\_\_\_\_  
Date