## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000081226

**Entity Name: MARIANA TEK CORPORATION** 

**Current Principal Place of Business:** 

11330 OLIVE BLVD.

CREVE COEUR, MO 63141

SUITE 200

**Current Mailing Address:** 

11330 OLIVE BLVD.

SUITE 200

CREVE COEUR, MO 63141 US

FEI Number: 47-3679288 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Apr 01, 2024

**Secretary of State** 

0409918056CC

Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** OWEN. IEUAN JEFFRIES, JOEL Name Name Address 11330 OLIVE BLVD. Address 11330 OLIVE BLVD.

SUITE 200 SUITE 200

CREVE COEUR MO 63141 CREVE COEUR MO 63141 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **DIRECTOR** KHVATSKAYA, OLGA OWEN, IEUAN Name Name

11330 OLIVE BLVD. 11330 OLIVE BLVD. Address Address SUITE 200 SUITE 200

CREVE COEUR MO 63141 City-State-Zip: CREVE COEUR MO 63141 City-State-Zip:

Title Title ASSISTANT TREASURER **DIRECTOR** 

JEFFRIES, JOEL LEONARD, RYAN Name Name

11330 OLIVE BLVD. 11330 OLIVE BLVD. Address Address

SUITE 200 SUITE 200

CREVE COEUR MO 63141 CREVE COEUR MO 63141 City-State-Zip: City-State-Zip:

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: OLGA KHVATSKAYA

SECRETARY

04/01/2024