

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000009050

**Entity Name:** EVICTIONTRACK CORP

**Current Principal Place of Business:**

4756 NW 109 PASSAGE  
DORAL, FL 33178

**Current Mailing Address:**

4756 NW 109 PASSAGE  
DORAL, FL 33178 US

**FEI Number:** 47-3077696

**Certificate of Status Desired:** No

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

HOUSTON, KATHY L ESQ  
12651 S DIXIE HWY SUITE 207  
MIAMI, FL 33156 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/S	Title	VP
Name	CAPLAN, SOLOMON	Name	CAPLAN, NATASHA
Address	4756 NW 109 PASSAGE	Address	4756 NW 109 PASSAGE
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** SOLOMON CAPLAN

**PRES.**

**04/28/2024**

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

\_\_\_\_\_  
Date