

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000031206

Entity Name: ANCO FLORIDA INC.**Current Principal Place of Business:**250 NW 23 ST. STE 202-204
MIAMI, FL 33127**Current Mailing Address:**C/O HEADROOM LIMITED, INC.
2681 CENTER COURT DRIVE
WESTON, FL 33332 US**FEI Number:** 38-3968370**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEADROOM LIMITED, INC.
2681 CENTER COURT DRIVE
WESTON, FL 33332 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:** VINCENT COLANGELO

01/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | OFFICER |
| Name | DOMPE, CLAUDIA |
| Address | C/O HEADROOM LIMITED, INC. 2681 CENTER COURT DRIVE |
| City-State-Zip: | WESTON FL 33332 |

| | |
|-----------------|---|
| Title | OFFICER |
| Name | DOMPE, CLAUDIO |
| Address | C/O HEADROOM LIMITED, INC. 2681 CENTER COURT DRIVE |
| City-State-Zip: | WESTON FL 33332 |

| | |
|-----------------|-------------------------|
| Title | OFFICER |
| Name | COLANGELO, VINCENT |
| Address | 2681 CENTER COURT DRIVE |
| City-State-Zip: | WESTON FL 33332 |

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: VINCENT COLANGELO

OFFICER

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date