

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000075364

**Entity Name:** COMIC CURE INC

**Current Principal Place of Business:**

401 NE MIZNER BLVD., #705  
BOCA RATON, FL 33432

**Current Mailing Address:**

401 NE MIZNER BLVD., #705  
BOCA RATON, FL 33432 US

**FEI Number:** 47-5097160

**Certificate of Status Desired:** No

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

LEIS, BENJAMIN L  
401 NE MIZNER BLVD  
#705  
BOCA RATON, FL 33432 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            PRES  
Name            LEIS, BENJAMIN L  
Address        401 NE MIZNER BLVD #705  
City-State-Zip: BOCA RATON FL 33432

*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:** BENJAMIN LEIS

**PRESIDENT**

**01/21/2023**

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

\_\_\_\_\_  
Date