

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000099250

Entity Name: CHRIS WHSM, INC**Current Principal Place of Business:**409 NW 10TH TER
SUITE C80
HALLANDALE BEACH, FL 33009**Current Mailing Address:**409 NW 10TH TER
SUITE C80
HALLANDALE BEACH, FL 33009 US**FEI Number:** 81-0873966**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMERICA EXPERT LLC
409 NW 10TH TER
HALLANDALE BEACH, FL 33009 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:** SIMONE PALMA

03/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	CRISTOFOLETTI, SHYRLY MASSON
Address	409 NW 10TH TER - SUITE C80
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	VP
Name	CRISTOFOLETTI, WAGNER
Address	409 NW 10TH TER - SUITE C80
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DIR
Name	CRISTOFOLETTI, WAGNER
Address	409 NW 10TH TER - SUITE C80
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	TR
Name	CRISTOFOLETTI, SHYRLY MASSON
Address	409 NW 10TH TER - SUITE C80
City-State-Zip:	HALLANDALE BEACH FL 33009

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: CRISTOFOLETTI , SHYRLY MASSON

P

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date