# SIGNATURE: CLAUDIA FELICE

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

#### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P16000026725

Entity Name: BARNOLA FELICE CORP

#### **Current Principal Place of Business:**

**304 INDIAN TRACE** PMB # 281 WESTON, FL 33326

## **Current Mailing Address:**

**304 INDIAN TRACE** PMB # 281 WESTON, FL 33326 US

## FEI Number: 81-2003437

## Name and Address of Current Registered Agent:

BARNOLA, LUIS E 304 INDIAN TRACE PMB # 281 WESTON, FL 33326 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.

## SIG

## Off

Title	VP	Title	PRESIDENT	
Name	BARNOLA, LUIS E	Name	FELICE, CLAUDIA	
Address	304 INDIAN TRACE PMB # 281	Address	304 INDIAN TRACE PMB # 281	
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326	

GNATURE	:				
	Electronic Signature of Registered Agent				
ficer/Director Detail :					
е	VP	Title	PRESIDENT		
me	BARNOLA, LUIS E	Name	FELICE, CLAUDIA		

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

FILED Apr 26, 2024 Secretary of State 7627787566CC

Certificate of Status Desired: No

04/26/2024 Date

Date