

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000084449

Entity Name: LIZZI BAY, INC.**Current Principal Place of Business:**430 GRAND BAY DRIVE
UNIT 405
KEY BISCAYNE, FL 33149**Current Mailing Address:**430 GRAND BAY DRIVE
UNIT 405
KEY BISCAYNE, FL 33149 US**FEI Number:** 30-1011865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEIDER, NORMAN S
200 SOUTH BISCAYNE BOULEVARD
SIXTH FLOOR
MIAMI, FL 33131 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/D
Name	ASFURA, ELIAS
Address	430 GRAND BAY DRIVE, UNIT 405
City-State-Zip:	KEY BISCAYNE FL 33149

Title	VP/D
Name	ASFURA, DIANA M
Address	430 GRAND BAY DRIVE, UNIT 405
City-State-Zip:	KEY BISCAYNE FL 33149

Title	S/D
Name	ASFURA DE MOURRA, DIANA E
Address	430 GRAND BAY DRIVE, UNIT 405
City-State-Zip:	KEY BISCAYNE FL 33149

Title	T/D
Name	ASFURA DE ATALA, VIVIAN M
Address	430 GRAND BAY DRIVE, UNIT 405
City-State-Zip:	KEY BISCAYNE FL 33149

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: DIANA ASFURA**SECRETARY****01/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date