

**2020 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

VP

01/17/2020

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