

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000090605

**Entity Name:** TRUE COLORS THERAPY CORP

**Current Principal Place of Business:**

20379 W COUNTRY CLUB DRIVE  
APT # 1233  
AVENTURA, FL 33180

**Current Mailing Address:**

20379 W COUNTRY CLUB DRIVE  
APT # 1233  
AVENTURA, FL 33180 US

**FEI Number:** 82-3416565

**Certificate of Status Desired:** Yes

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

FERNANDEZ, ANA M  
20379 W COUNTRY CLUB DRIVE  
APT # 1233  
AVENTURA, FL 33180 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  
Name FERNANDEZ, ANA M  
Address 20379 W COUNTRY CLUB DRIVE  
#1233  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name DAOSTA, ENRIQUE  
Address 20379 W COUNTRY CLUB DRIVE  
APT # 1233  
City-State-Zip: AVENTURA FL 33180

*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:** ANA MIRIAM FERNANDEZ

MRS.

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date