

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000002999

**Entity Name:** THERALM INC.

**Current Principal Place of Business:**

5705 W 20TH AVE  
APT 203  
HIALEAH, FL 33012

**Current Mailing Address:**

5705 W 20TH AVE  
APT 203  
HIALEAH, FL 33012 US

**FEI Number:** 82-4144927

**Certificate of Status Desired:** No

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

MANJARRES, LINA M  
5705 W 20TH AVE  
APT 203  
HIALEAH, FL 33012 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            PRESIDENT  
Name            MANJARRES, LINA M  
Address        5705 W 20TH AVE  
                  APT 203  
City-State-Zip: HIALEAH FL 33012

*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:** LINA MANJARRES

**PRESIDENT**

**04/30/2022**

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

\_\_\_\_\_  
Date