

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000013836

Entity Name: CORE NATURAL HEALTH, INC.

Current Principal Place of Business:

4770 BISCAYNE BOULEVARD
1100
MIAMI, FL 33137

Current Mailing Address:

P O BOX 398183
MIAMI BEACH, FL 33239 US

FEI Number: 82-4440812

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MESQUITE, ARTURO
1000 BRICKELL AVE
STE 715
MIAMI, FL 33131-1000 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: ARTURO MESQUITE

01/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, D
Name MESQUITE, ARTURO
Address P O BOX 398183
City-State-Zip: MIAMI BEACH FL 33239

Title T
Name PATRICIA, VELAZQUEZ D
Address 990 E CHUCKWALLA RD
City-State-Zip: PALM SPRINGS CA 92262

Title S
Name TLATELPA, ANI
Address P O BOX 398183
City-State-Zip: MIAMI BEACH FL 33239

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: MESQUITE, ARTURO

OWNER

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date