

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000020261

**Entity Name:** OCEANIA HOTEL BOUTIQUE CORP**Current Principal Place of Business:**8637 ESCONDIDO WAY EAST  
BOCA RATON, FL 33433**Current Mailing Address:**8637 ESCONDIDO WAY EAST  
BOCA RATON, FL 33433 US**FEI Number:** 83-3924796**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MG OFFICE SYSTEMS INC  
8637 ESCONDIDO WAY EAST  
BOCA RATON, FL 33433 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            | MUCHARRAFICH, ESSET    |
| Address         | 3995 ALLERDALE PLACE   |
| City-State-Zip: | COCONUT CREEK FL 33073 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | ATENCIO, CONNIE        |
| Address         | 3995 ALLERDALE PLACE   |
| City-State-Zip: | COCONUT CREEK FL 33073 |

|                 |                        |
|-----------------|------------------------|
| Title           | S                      |
| Name            | MUCHARRAFICH, CONNIE   |
| Address         | 3995 ALLERDALE PLACE   |
| City-State-Zip: | COCONUT CREEK FL 33073 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | MOUCHARFICH, VERONICA  |
| Address         | 3995 ALLERDALE PLACE   |
| City-State-Zip: | COCONUT CREEK FL 33073 |

*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:** ESSET MUCHARRAFICH

P

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date