

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000059321

Entity Name: FAMILY LEGACY USA, INC.**Current Principal Place of Business:**2525 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134**Current Mailing Address:**2525 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANNESSER ARMENTEROS PLLC
2525 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134 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	ANZALONE, MICHAEL
Address	2525 PONCE DE LEON BLVD, SUITE 625
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	WOOD, MARK
Address	2525 PONCE DE LEON BLVD, SUITE 625
City-State-Zip:	CORAL GABLES FL 33134

Title	DIR
Name	ARMENTEROS, MIGUEL
Address	2525 PONCE DE LEON BLVD, SUITE 625
City-State-Zip:	CORAL GABLES FL 33134

Title	DIR
Name	ANNESSER, JOHN
Address	2525 PONCE DE LEON BLVD, SUITE 625
City-State-Zip:	CORAL GABLES FL 33134

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: JOHN ANNESSER**DIR****04/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date