

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000062901

**Entity Name:** THE INSPIRATION ROOM INC

**Current Principal Place of Business:**

1221 BRICKELL AVE  
SUITE 900  
MIAMI, FL 33131

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**0520172276CC**

**Current Mailing Address:**

1221 BRICKELL AVE  
SUITE 900 C/O PERFECT CIRCLE GROUP  
MIAMI, FL 33131

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

PERFECT CIRCLE GROUP PA  
1221 BRICKELL AVE  
SUITE 900  
MIAMI, FL 33131 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 CABABIE MORO, SALVADOR  
Address 1221 BRICKELL AVE, SUITE 900  
City-State-Zip: MIAMI FL 33131

Title VP  
Name CARDONA VASELLI, PABLO  
Address 1221 BRICKELL AVE, SUITE 900  
City-State-Zip: MIAMI FL 33131

Title S  
Name WILLIAMS, RAYONDA  
Address 1221 BRICKELL AVE, SUITE 900  
City-State-Zip: MIAMI FL 33131

*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: RAYONDA WILLIAMS**

**SECRETARY**

**06/29/2020**

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

\_\_\_\_\_  
Date