

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000005498

**Entity Name:** WOLFGANG HOMES CORP

**Current Principal Place of Business:**

4700 MILLENIA BOULEVARD  
SUITE 175  
ORLANDO, FL 32839

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**6529689656CC**

**Current Mailing Address:**

4700 MILLENIA BOULEVARD  
SUITE 175  
ORLANDO, FL 32839 US

**FEI Number:** 84-4683549

**Certificate of Status Desired:** No

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

PINTO, SOCRATES  
4700 MILLENIA BOULEVARD  
SUITE 175  
ORLANDO, FL 32839 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 PINTO, SOCRATES  
Address 4700 MILLENIA BOULEVARD - SUITE 175  
City-State-Zip: ORLANDO FL 32839

Title VP  
Name PINTO, SOLANGE  
Address 4700 MILLENIA BOULEVARD - SUITE 175  
City-State-Zip: ORLANDO FL 32839

Title TRES  
Name PINTO, SOCRATES  
Address 4700 MILLENIA BOULEVARD - SUITE 175  
City-State-Zip: ORLANDO FL 32839

Title SEC  
Name PINTO, SOCRATES  
Address 4700 MILLENIA BOULEVARD - SUITE 175  
City-State-Zip: ORLANDO FL 32839

Title VP  
Name PINTO, MARIA  
Address 4700 MILLENIA BOULEVARD - SUITE 175  
City-State-Zip: ORLANDO FL 32839

Title VP  
Name PINTO, CLAUDE  
Address 4700 MILLENIA BOULEVARD - SUITE 175  
City-State-Zip: ORLANDO FL 32839

*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:** SOCRATES PINTO

P

04/30/2022

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

\_\_\_\_\_  
Date