

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000067159

**Entity Name:** FAMILY BAND INC

**Current Principal Place of Business:**

20 SW 5 ST  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

20 SW 5 ST  
POMPANO BEACH, FL 33060 US

**FEI Number:** 85-0648007

**Certificate of Status Desired:** No

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

MARCELLIN, MARC ALLY  
20 SW 5 ST  
POMPANO BEACH, FL 33060 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 LIMAGE, GERALDY  
Address 1910 MEARS PKWY  
City-State-Zip: MARGATE FL 33063

Title MGR  
Name MARCELLIN, MARCO  
Address 1910 MEARS PKWY  
City-State-Zip: MARGATE FL 33063

Title MGR  
Name EVARISTE, BERNEX  
Address 1910 MEARS PKWY  
City-State-Zip: MARGATE FL 33063

Title DIRECTOR  
Name JEANNOT DESTINE  
Address 1910 MEARS PKWY  
City-State-Zip: MARGATE FL 33063

Title OFFICER  
Name VARELUS PIERRE  
Address 1910 MEARS PKWY  
City-State-Zip: MARGATE FL 33063

*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:** GERALDY LIMAGE

**PRESIDENT**

**04/18/2022**

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

\_\_\_\_\_  
Date