

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000068574

**Entity Name:** 5 SIXTEEN INC

**Current Principal Place of Business:**

543 WOODBINE ST  
STE 545  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

543 WOODBINE ST  
STE 545  
JACKSONVILLE, FL 32206 US

**FEI Number:** 85-2869471

**Certificate of Status Desired:** No

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

ISAAC, BRETT  
543 WOODBINE ST  
545  
JACKSONVILLE, FL 32206 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 MEDA, JOANNA  
Address 543 WOODBINE ST STE 545  
City-State-Zip: JACKSONVILLE FL 32206

*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:** JOANNA MEDA

P

05/02/2023

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

\_\_\_\_\_  
Date