

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000072537

Entity Name: COVID BUSTERS PROS INC**Current Principal Place of Business:**213 PALMWOOD COURT
KISSIMMEE, FL 34743**Current Mailing Address:**8297 CHAMPIONS GATE BLVD #368
KISSIMMEE, FL 34743 US**FEI Number:** 85-3208952**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIGLIACCIO, NORMA
8297 CHAMPIONS GATE BLVD #368
CHAMPIONS GATE, FL 33896 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	MIGLIACCIO, NORMA
Address	8297 CHAMPIONS GATE BLVD #368
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	T
Name	MIGLIACCIO, NORMA
Address	8297 CHAMPIONS GATE BLVD #368
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	VP
Name	NILDA, PEREZ DR.
Address	8297 CHAMPIONS GATE BLVD #368
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	S
Name	ESTRELLA-MIGLIACCIO, MARC A
Address	138-16 WHITELAW STREET
City-State-Zip:	OZONE PARK NY 11417

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: NORMA MIGLIACCIO

PRESIDENT

02/09/2021

Electronic Signature of Signing Officer/Director Detail_____
Date