

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000052281

**Entity Name:** MODE FIT, CORP

**Current Principal Place of Business:**

17021 N. BAY RD.  
#426  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

17021 N. BAY RD.  
#426  
SUNNY ISLES, FL 33160 US

**FEI Number:** 38-4183711

**Certificate of Status Desired:** No

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

ELO ENTERPRISES, INC  
4700 NW BOCA RATON BLVD  
#202  
BOCA RATON, FL 33431 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            DE VASCONCELLOS DE AGUIAR,  
                    LAURA  
Address        17021 N. BAY RD.  
                    #426  
City-State-Zip: SUNNY ISLES FL 33160

Title            VP  
Name            DE OLIVEIRA TRILHA, ROBISON  
Address        17021 N. BAY RD.  
                    #426  
City-State-Zip: SUNNY ISLES FL 33160

*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:** DE VASCONCELLOS DE AGUIAR , LAURA

P

02/09/2024

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

\_\_\_\_\_  
Date