

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000081032

**Entity Name:** COMPANY NBM, INC

**Current Principal Place of Business:**

4844 CASON COVE DR  
APT 107  
ORLANDO, FL 32811

**Current Mailing Address:**

4844 CASON COVE DR  
APT 107  
ORLANDO, FL 32811 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

LEO & AMANDA CONSULTANT, LLC  
7614 SWILCAN DR 19102  
ORLANDO, FL 32822 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 ARMAS GARCIA, BARBARA DE LOS A  
Address 4844 CASON COVE DR APT107  
City-State-Zip: ORLANDO FL 32811

*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:** ARMAS GARCIA , BARBARA DE LOS A

**DIRECTOR**

**04/04/2024**

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

\_\_\_\_\_  
Date