

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000085065

**Entity Name:** GEXHAUST FRANCHISE INC

**Current Principal Place of Business:**

4641 S STATE ROAD 7  
DAVIE, FL 33314

**Current Mailing Address:**

4641 S STATE ROAD 7  
DAVIE, FL 33314

**FEI Number:** 87-2889568

**Certificate of Status Desired:** No

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

SAS PRINZIVALLI CPA PA  
1640 W OAKLAND PARK BLVD  
SUITE 303  
OAKLAND PARK, FL 33311 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 ADONY, GOLAN  
Address 4641 S STATE ROAD 7  
City-State-Zip: DAVIE FL 33314

*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:** ADONY , GOLAN

**PRESIDENT**

**04/22/2022**

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

\_\_\_\_\_  
Date