

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P22000003400

**Entity Name:** GUAU & MIAU MED INC

**Current Principal Place of Business:**

20379 W COUNTRY CLUB DRIVE  
APARTMENT 1734  
AVENTURA, 33180

**Current Mailing Address:**

20379 W COUNTRY CLUB DRIVE  
APARTMENT 1734  
AVENTURA, 33180 UN

**FEI Number:** 68-8765478

**Certificate of Status Desired:** Yes

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

KRAWIECKI, SOLANGE  
20379 W COUNTY CLUB DRIVE  
APARTMENT 1734  
AVENTURA, FL 33180 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            PVPD  
Name            KRAWIECKI, SOLANGE  
Address        20379 W COUNTRY CLUB DRIVE  
                  APARTMENT 1734  
City-State-Zip: AVENTURA 33180

Title            STD  
Name            KRAWIECKI, SOLANGE  
Address        20379 W COUNTRY CLUB DRIVE  
                  APARTMENT 1734  
City-State-Zip: AVENTURA 33180

*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:** SOLANGE KRAWIECKI

**PRESIDENT**

**05/23/2023**

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

\_\_\_\_\_  
Date