

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000008141

Entity Name: SHAKI MEDICAL INC.

Current Principal Place of Business:

6651 MERRYVALE LANE
PORT ORANGE, FL 32128

Current Mailing Address:

6651 MERRYVALE LANE
PORT ORANGE, FL 32128 US

FEI Number: 88-0538806

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALRUZZEH, SHARIF
6651 MERRYVALE LANE
PORT ORANGE, FL 32128 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 ALRUZZEH, SHARIF
Address 6651 MERRYVALE LANE
City-State-Zip: PORT ORANGE FL 32128

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: SHARIF ALRUZZEH

02/02/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date