

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000021044

**Entity Name:** AROMA EXQUISITE MANAGEMENT INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**5080274825CC**

**Current Principal Place of Business:**

6394 EMERALD DUNES DRIVE  
301  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

6394 EMERALD DUNES DRIVE  
301  
WEST PALM BEACH, FL 33411

**FEI Number:** 92-3780795

**Certificate of Status Desired:** No

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

TELFER, SHERON  
6394 EMERALD DUNES DRIVE  
301  
WEST PALM BEACH, FL 33411 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            CEO  
Name            ROSE, MARSHA  
Address        6394 EMERALD DUNES DRIVE SUITE  
                  301  
City-State-Zip: WEST PALM BEACH FL 33411

Title            VP  
Name            ROSE, CECIL  
Address        6394 EMERALD DUNES DRIVE SUITE  
                  301  
City-State-Zip: WEST PALM BEACH FL 33411

Title            CFO  
Name            TELFER, SHERON  
Address        6394 EMERALD DUNES DRIVE SUITE  
                  301  
City-State-Zip: WEST PALM BEACH FL 33411

Title            CRO  
Name            ROSE, JEMELIA  
Address        6394 EMERALD DUNES DRIVE SUITE  
                  301  
City-State-Zip: WEST PALM BEACH FL 33411

Title            COO  
Name            BURNETT, TRAVISH  
Address        6394 EMERALD DUNES DRIVE SUITE  
                  301  
City-State-Zip: WEST PALM BEACH FL 33411

Title            SEC  
Name            ROSE, PORSHAE  
Address        6394 EMERALD DUNES DRIVE SUITE  
                  301  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** SHERON TELFER

**CFO**

**04/30/2024**

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

\_\_\_\_\_  
Date