

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000055024

**Entity Name:** OHANA EXCELLENCE CARE INC

**Current Principal Place of Business:**

4990 SW 72ND AVE  
SUITE 111  
MIAMI, FL 33155

**Current Mailing Address:**

4990 SW 72ND AVE  
SUITE 111  
MIAMI, FL 33155 US

**FEI Number:** 88-3185239

**Certificate of Status Desired:** No

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

NOVO, DAMIAN O  
4990 SW 72ND AVE  
SUITE 111  
MIAMI, FL 33155 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            PRESIDENT  
Name            NOVO, DAMIAN O  
Address        4990 SW 72ND AVE SUITE 111  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name            PIEDRA, JENIA  
Address        4990 SW 72ND AVE SUITE 111  
City-State-Zip: MIAMI FL 33155

Title            SECRETARY  
Name            TOIRAC, RENE  
Address        4990 SW 72ND AVE SUITE 111  
City-State-Zip: MIAMI FL 33155

*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:** DAMIAN O. NOVO

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03/23/2023

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

\_\_\_\_\_  
Date