

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000070593

**Entity Name:** BESPOKE AESTHETICS INC

**Current Principal Place of Business:**

625 N FLAGLER DRIVE  
SUITE 675  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

625 N FLAGLER DRIVE  
SUITE 675  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 92-0339515

**Certificate of Status Desired:** No

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

SINACORI, CRISTINA  
625 N FLAGLER DRIVE  
SUITE 675  
WEST PALM BEACH, FL 33401 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            PRES  
Name            SINACORI, CRISTINA  
Address        625 N FLAGLER DRIVE  
                  SUITE 675  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VP  
Name            SINACORI, JOSEPH  
Address        625 N FLAGLER DRIVE  
                  SUITE 675  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** CRISTINA SINACORI

**PRES**

**02/07/2024**

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

\_\_\_\_\_  
Date