

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000076003

**Entity Name:** AMANDA SA TATTOO CORP

**Current Principal Place of Business:**

4930 FISHERMANS DR  
APT L  
COCONUT CREEK, FL 33063

**Current Mailing Address:**

4930 FISHERMANS DR  
APT L  
COCONUT CREEK, FL 33063 US

**FEI Number:** 32-0704038

**Certificate of Status Desired:** No

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

MACHADO FAMILY SOLUTIONS LLC  
1761 W HILLSBORO BLVD  
SUITE 329  
DEERFIELD BEACH, FL 33441 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 FERREIRA GOMES DE SA, AMANDA  
Address 4930 FISHERMANS DR  
APT L  
City-State-Zip: COCONUT CREEK FL 33063

Title VP  
Name MACIEL, LARISSA SOUZA  
Address 4930 FISHERMANS DR  
APT L  
City-State-Zip: COCONUT CREEK FL 33063

*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:** AMANDA FERREIRA GOMES DE SA

**PRESIDENT**

**04/29/2024**

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

\_\_\_\_\_  
Date