

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P22000089110

**Entity Name:** OEM FLORIDA INC.

**Current Principal Place of Business:**

5593-5617 ST LUCIE BLVD.  
FORT PIERCE, FL 34946

**Current Mailing Address:**

5593-5617 ST LUCIE BLVD.  
FORT PIERCE, FL 34946 US

**FEI Number:** 37-2068691

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, DIRECTOR  
Name            BRASSEUR, ALAIN  
Address        5593-5617 ST LUCIE BLVD.  
City-State-Zip: FORT PIERCE FL 34946

Title            DIRECTOR  
Name            CLAPPERTON, DAVE  
Address        5593-5617 ST LUCIE BLVD.  
City-State-Zip: FORT PIERCE FL 34946

Title            DIRECTOR, TREASURER  
Name            TREMBLAY, MANON  
Address        5593-5617 ST LUCIE BLVD.  
City-State-Zip: FORT PIERCE FL 34946

Title            SECRETARY  
Name            DELANEY, CAITLIN  
Address        10 E. 40TH STREET, SUITE 3310  
City-State-Zip: NEW YORK NY 10016

*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:** CAITLIN DELANEY

**SECRETARY**

**03/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date