

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000081671

**Entity Name:** NEXT ELEVEN CORP.

**Current Principal Place of Business:**

2431 ALOMA AVE SUITE 285  
WINTER PARK, FL 32792

**Current Mailing Address:**

2431 ALOMA AVE SUITE285  
WINTER PARK, FL 32792 US

**FEI Number:** 35-2830863

**Certificate of Status Desired:** Yes

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

VASQUES, LUANE  
2431 ALOMA AVE SUITE285  
WINTER PARK, FL 32792 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 D,P  
Name FONTENELE NOCRATO, LUCAS  
Address 520 REFLECTIONS CIR APT 306  
City-State-Zip: CASSELBERRY FL 32707

Title T  
Name FONTENELE NOCRATO, LUCAS  
Address 520 REFLECTIONS CIRCLE APT 306  
City-State-Zip: CASSELBERRY FL 32707

Title S  
Name FONTENELE NOCRATO, LUCAS  
Address 520 REFLECTIONS CIRCLE APT 306  
City-State-Zip: CASSELBERRY FL 32707

Title VP  
Name FONTENELE NOCRATO, LUCAS  
Address 520 REFLECTIONS CIRCLE APT 306  
City-State-Zip: CASSELBERRY FL 32707

*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:** LUCAS FONTENELE NOCRATO

P

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date