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: DAVID KALEKY

Electronic Signature of Signing Officer/Director Detail

PRES

04/28/2019

Date

Date

Apr 28, 2019 Secretary of State 3355214722CC

FILED

Certificate of Status Desired: No

Officer/Director Detail :				
Title	MR	Title	MS	
Name	KALEKY, DAVID PRES	Name	NANCY, KALEKY VP	
Address	10501 NW 50 ST 101	Address	10501 NW 50 ST 101	
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	SUNRISE FL 33351	

10501 NW 101	AVID PRES 50 ST FL 33351 US		
The above n	amed entity submits this statement for the purpose of	changing its registered office or i	registered agent, or both, in the State of Fl
SIGNATI	JRE:		
	Electronic Signature of Registered Ager	nt	
Officer/D	Director Detail :		
Title	MR	Title	MS
Name	KALEKY, DAVID PRES	Name	NANCY, KALEKY VP

Current Mailing Address:

10501 NW 50 ST 101 SUNRISE, FL 33351 US

FEI Number: 59-3365439

Name and Address of Current Registered Agent:

10501 NW 50 ST 101 SUNRISE, FL 33351

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P9600009610

Current Principal Place of Business:

Entity Name: FLORIDA.COM INC