

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084362

Entity Name: ARIANNA COLTELLACCI, P.A.**Current Principal Place of Business:**5151 W CLUB CIR
APT 104
BOCA RATON, FL 33487**Current Mailing Address:**5151 W CLUB CIR
APT 104
BOCA RATON, FL 33487 US**FEI Number:** 65-0950212**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOPHOS CONSULTING GROUP CORP
8333 NW 53RD STREET
SUITE 450
DORAL, FL 33166 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:** JOSE HERNANDEZ

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------------|
| Title | VPD |
| Name | COLTELLACCI, SERGIO |
| Address | 5151 W CLUB CIR APT 104 |
| City-State-Zip: | BOCA RATON FL 33487 |

| | |
|-----------------|----------------------------|
| Title | PD |
| Name | COLTELLACCI, GLADYS C |
| Address | 5151 W CLUB CIR APT 104 |
| City-State-Zip: | BOCA RATON FL 33487 |

| | |
|-----------------|----------------------------|
| Title | S |
| Name | COLTELLACCI, ARIANNA C |
| Address | 5151 W CLUB CIR APT 104 |
| City-State-Zip: | BOCA RATON FL 33487 |

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: COLTELLACCI , ARIANNA C

S

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date