2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003169

Entity Name: SCENTSABILITY MICRO-ENTERPRISE, INC.

Current Principal Place of Business:

11480 SAMPLE ROAD CORAL SPRINGS, FL 33065

Current Mailing Address:

11480 SAMPLE ROAD CORAL SPRINGS, FL 33065 US

FEI Number: 45-4940297

Name and Address of Current Registered Agent:

SCHMIDT, BONNIE 503 NORTHWEST 118TH WAY CORAL SPRINGS, FL 33071 US FILED Apr 24, 2024 Secretary of State 3854482101CC

Date

Certificate of Status Desired: Yes

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

Officer/Director Detail :

| | Title | TREASURER, PROGRAM DIRECTOR | Title | EXECUTIVE DIRECTOR, VP |
|--|---|---|--|--|
| | Name | SCHMIDT, BONNIE | Name | ANDERSON, DENISE |
| | Address | 503 NORTHWEST 118TH WAY | Address | 11480 SAMPLE ROAD |
| | City-State-Zip: | CORAL SPRINGS FL 33071 | City-State-Zip: | CORAL SPRINGS FL 33065 |
| | Title | SECRETARY | Title | DIRECTOR |
| | Name | ALZATE, NAOMI | Name | CASTRO, SOFIA |
| | Address | 11480 SAMPLE ROAD | Address | 1650 SE 17TH STREET SUITE 104 |
| | City-State-Zip: | CORAL SPRINGS FL 33065 | City-State-Zip: | |
| | Title | DIRECTOR - SPECIAL PROJECTS | Name PEF Address DEF EDU FLC DEF | PRESIDENT |
| | Name | SIDLE, LEXI | | PERCIVAL, JENNIFER DR. |
| | Address | 440 PARADISE ISLE BOULEVARD UNIT 310 | | DEPARTMENT OF SPECIAL EDUCATION FLORIDA ATLANTIC UNIVERSITY, DEPT OF SPECIAL EDUCATION 777 GLADES ROAD |
| | City-State-Zip: HALLANDALE BEACH FL 33009 | HALLANDALE BEACH FL 33009 | | |
| | | | City State Zin: | POCA BATON EL 22424 |

City-State-Zip: BOCA RATON FL 33431

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE SCHMIDT

DIRECTOR

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date