

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J37067

**Entity Name:** ACCESSORIA INC.**Current Principal Place of Business:**4217 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146**Current Mailing Address:**4217 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146**FEI Number:** 59-2736868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, BRIANNA M  
4217 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146 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           | DP                      |
| Name            | BROWN, BRIANNA M        |
| Address         | 4217 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33146   |

|                 |                         |
|-----------------|-------------------------|
| Title           | DV                      |
| Name            | BODNAR, EDWARD A        |
| Address         | 4217 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33146   |

|                 |                         |
|-----------------|-------------------------|
| Title           | T                       |
| Name            | AZAR, MARY ELIZABETH    |
| Address         | 4217 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33146   |

*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:** BRIANNA BROWN

PRESIDENT

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date