

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J52362

**Entity Name:** NORMAN MCKENZIE CORPORATION

**Current Principal Place of Business:**

12350 SW 132 CT.  
SUITE 111  
MIAMI, FL 33186

**Current Mailing Address:**

12350 SW 132 CT.  
SUITE 111  
MIAMI, FL 33186

**FEI Number:** 59-2778542

**Certificate of Status Desired:** No

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

MCKENZIE, NORMAN  
12350 S.W. 132 CT.  
111  
MIAMI, FL 33186 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 PD  
Name MCKENZIE, NORMAN  
Address 12350 S.W. 132 CT SUITE 111  
City-State-Zip: MIAMI FL 33186

Title STD  
Name MCKENZIE, DAPHNE  
Address 12350 S.W. 132 CT SUITE 111  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name MCKENZIE, MICHELLE  
Address 12350 SW 132 CT.  
SUITE 111  
City-State-Zip: MIAMI FL 33186

*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:** NORMAN MCKENZIE

**PRESIDENT**

**02/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date