

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000022724

**Entity Name:** ESPOFLORIDA, CORP.**Current Principal Place of Business:**12701 S JOHN YOUNG PKWY  
SUITE 209  
ORLANDO, FL 32837**Current Mailing Address:**12701 S JOHN YOUNG PKWY  
SUITE 209  
ORLANDO, FL 32837**FEI Number:** 65-1100153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESPOSITO, ALESSANDRO H  
12701 S JOHN YOUNG PKWY  
SUITE 209  
ORLANDO, FL 32837 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 ESPOSITO, ANTONIO C  
Address 12701 S JOHN YOUNG PKWY SUITE 209  
City-State-Zip: ORLANDO FL 32837

Title OMD  
Name NOTARO, JOSE A  
Address 12701 S JOHN YOUNG PKWY SUITE 209  
City-State-Zip: ORLANDO FL 32837

Title DMD  
Name ESPOSITO, ANTONIO E  
Address 12701 S JOHN YOUNG PKWY SUITE 209  
City-State-Zip: ORLANDO FL 32837

Title GMD  
Name ESPOSITO, ALESSANDRO H  
Address 12701 S JOHN YOUNG PKWY SUITE 209  
City-State-Zip: ORLANDO FL 32837

Title VD  
Name ESPOSITO, ALBERTO L  
Address 12701 S JOHN YOUNG PKWY SUITE 209  
City-State-Zip: ORLANDO FL 32837

Title AMD  
Name ESPOSITO, ALBERTO S  
Address 12701 S JOHN YOUNG PKWY SUITE 209  
City-State-Zip: ORLANDO FL 32837

*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:** ALESSANDRO ESPOSITO

GMD

04/27/2021

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