

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000035837

**Entity Name:** NC - OFFICE, CORP.

**Current Principal Place of Business:**

111 EAST FLAGLER STREET  
#205  
MIAMI, FL 33131

**Current Mailing Address:**

111 EAST FLAGLER STREET  
#205  
MIAMI, FL 33131 US

**FEI Number:** 59-3800149

**Certificate of Status Desired:** No

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

CARDONA, ELIZABETH  
111 EAST FLAGLER STREET  
#205  
MIAMI, FL 33131 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 CARDONA, ELIZABETH  
Address 111 EAST FLAGLER STREET  
#205  
City-State-Zip: MIAMI FL 33131

Title VD  
Name CANTON, CRISTINA A  
Address 111 EAST FLAGLER STREET  
#205  
City-State-Zip: MIAMI FL 33131

Title SD  
Name NEDEV, NICHOLAS I  
Address 111 EAST FLAGLER STREET  
#205  
City-State-Zip: MIAMI FL 33131

Title TD  
Name NEDEV, PETER I  
Address 111 EAST FLAGLER STREET  
#205  
City-State-Zip: MIAMI FL 33131

*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:** ELIZABETH CARDONA

**PRESIDENT**

**02/09/2021**

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

\_\_\_\_\_  
Date