

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146600

Entity Name: NANA SINA, INC.**Current Principal Place of Business:**1427 LEMAY HOLLOW RD
ODESSA, FL 33556**Current Mailing Address:**P O BOX 1248
ODESSA, FL 33556 US**FEI Number:** 02-0791917**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIGORI, NICK
1427 LEMAY HOLLOW RD
ODESSA, FL 33556 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 VPST
Name LIGORI, JOE
Address P O BOX 1248
City-State-Zip: ODESSA FL 33556Title PRES
Name LIGORI, NICK J
Address P O BOX 1248
City-State-Zip: ODESSA FL 33556Title VP
Name LIGORI, NICHOLAS R.
Address P O BOX 1248
City-State-Zip: ODESSA FL 33556Title VP
Name LIGORI, JOHN H.
Address P O BOX 1248
City-State-Zip: ODESSA FL 33556

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: NICK J LIGORI**PRESIDENT****04/20/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date