

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000079103

**Entity Name:** BLU SKY COACHING, INC.

**Current Principal Place of Business:**

14502 N. DALE MABRY HWY.  
200  
TAMPA, FL 33618

**Current Mailing Address:**

14502 N. DALE MABRY HWY.  
200  
TAMPA, FL 33618 US

**FEI Number:** 27-1005426

**Certificate of Status Desired:** No

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

MARTINEZ, SAMUEL  
14502 N. DALE MABRY HWY.  
200  
TAMPA, FL 33618 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 P  
Name MARTINEZ, SAMUEL  
Address 14502 N. DALE MABRY HWY., STE.  
200  
City-State-Zip: TAMPA FL 33618

Title SECRETARY  
Name TOLEDO-MARTINEZ, ZULEYKA  
Address 14502 N. DALE MABRY HWY.  
200  
City-State-Zip: TAMPA FL 33618

Title VP  
Name GALEANO, PRISCILA  
Address 14502 N. DALE MABRY HWY.  
200  
City-State-Zip: TAMPA FL 33618

*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:** SAMUEL MARTINEZ

**PRESIDENT**

**03/02/2023**

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

\_\_\_\_\_  
Date