

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000085983

**Entity Name:** CYCLONE MECHANICAL INC

**Current Principal Place of Business:**

6043 NW 167 ST  
SUITE A27  
MIAMI, FL 33015

**Current Mailing Address:**

6043 NW 167 ST  
SUITE A27  
MIAMI, FL 33015 US

**FEI Number:** 27-1187433

**Certificate of Status Desired:** No

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

GIL, RAFAEL N  
6043 NW 167 ST  
SUITE A27  
MIAMI, FL 33015 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 GIL, RAFAEL N  
Address 6043 NW 167 ST  
SUITE A27  
City-State-Zip: MIAMI FL 33015

Title VP  
Name GIL, JESSICA M  
Address 6043 NW 167 ST  
SUITE A27  
City-State-Zip: MIAMI FL 33015

Title CEO  
Name BELLO, ANTHONY J  
Address 6043 NW 167 ST  
SUITE A27  
City-State-Zip: MIAMI FL 33015

*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:** ANTHONY BELLO

CEO

02/26/2024

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

\_\_\_\_\_  
Date