

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000054186

**Entity Name:** FASANO GROUP INC**Current Principal Place of Business:**4309 W AZEELE STREET  
TAMPA, FL 33609**Current Mailing Address:**4309 W AZEELE STREET  
TAMPA, FL 33609 US**FEI Number:** 45-2493926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLSON, BEATRIZ HELENA GHILARDI  
4309 W AZEELE STREET  
TAMPA, FL 33609 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:** BEATRIZ HELENA GHILARDI OLSON

01/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | SECRETARY, VP                  |
| Name            | OLSON, BEATRIZ HELENA GHILARDI |
| Address         | 4309 W AZEELE STREET           |
| City-State-Zip: | TAMPA FL 33609                 |

|                 |                                              |
|-----------------|----------------------------------------------|
| Title           | PRESIDENT                                    |
| Name            | FASANO, ANTONIO C                            |
| Address         | RUA MARIA LEONETE DA SILVA<br>NÓBREGA<br>136 |
| City-State-Zip: | SÃO PAULO 05454-010                          |

|                 |                                              |
|-----------------|----------------------------------------------|
| Title           | PRESIDENT                                    |
| Name            | FASANO, MELISSA CRISTINA<br>GHILARDI         |
| Address         | RUA MARIA LEONETE DA SILVA<br>NOBREGA<br>136 |
| City-State-Zip: | SAO PAULO 05454-010                          |

*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:** BEATRIZ HELENA GHILARDI OLSON**SECRETARY**

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Date