

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000047955

**Entity Name:** 4INCENTIVE INC.**Current Principal Place of Business:**4700 9TH AVENUE NORTH  
ST. PETERSBURG, FL 33713**Current Mailing Address:**4700 9TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 US**FEI Number:** 90-0852448**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA, STE A  
TALLAHASSEE, FL 32301 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 DIR  
Name TESTA, GIANLUCA  
Address VIA BORSANA 6  
City-State-Zip: VEZZI PORTIO SV 17028

Title VP  
Name CASERINI, RENATA  
Address VIA LIBERO BRIGANTI, 6/22  
City-State-Zip: SAVONA 17100

Title T  
Name TESTA, GIANLUCA  
Address VIA BORSANA 6  
City-State-Zip: VEZZI PORTIO SV 17028

Title P  
Name TESTA, GIANLUCA  
Address VIA BORSANA 6  
City-State-Zip: VEZZI PORTIO SV 17028

Title S  
Name TESTA, GIANLUCA  
Address VIA BORSANA 6  
City-State-Zip: VEZZI PORTIO SV 17028

*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:** GIANLUCA TESTA**DIRECTOR****04/15/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date