2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000071378

Entity Name: SOUTH RIVER SUITES, INC.

Current Principal Place of Business:

12484 NW S RIVER DR. MEDLEY, FL 33178

Current Mailing Address:

12484 NW S RIVER DR. MEDLEY, FL 33178

FEI Number: 46-0844431

Name and Address of Current Registered Agent:

VALDES, PABLO J 12484 NW S RIVER DR. MEDLEY, FL 33178 US FILED Apr 05, 2023 Secretary of State 2889448837CC

Certificate of Status Desired: No

, FL 33110 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 | PRESIDENT, TREASURER, DIRECTOR | Title | SECRETARY | |
| Name | VALDES, PABLO J | Name | SUERO, LUCILLA G | |
| Address | 12484 NW S RIVER DR | Address | 12484 NW S RIVER DR. | |
| City-State-Zip: | MEDLEY FL 33178 | City-State-Zip: | MEDLEY FL 33178 | |
| Title | VP | | | |
| Name | FONTE ESQUIVEL, NIURKA | | | |
| Address | 12484 NW S RIVER DR. | | | |
| City-State-Zip: | MEDLEY FL 33178 | | | |
| | | | | |

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: PABLO J. VALDES

PRES

Electronic Signature of Signing Officer/Director Detail