## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000050486

Entity Name: SHOP SAVVY BROWARD, INC.

# **Current Principal Place of Business:**

16280 S POST RD **APT 202** WESTON, FL 33331

## **Current Mailing Address:**

**16280 S POST RD APT 202** WESTON, FL 33331 US

FEI Number: 47-1064035 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NIELSEN, SAMUEL D 16280 S POST RD **APT 202** WESTON, FL 33331 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

**FILED** Apr 26, 2019

**Secretary of State** 

8263862418CC

#### Officer/Director Detail:

Title

NIELSEN, SAMUEL D Name 16280 S POST RD Address

**APT 202** 

City-State-Zip: WESTON FL 33331

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SAMUEL D. NIELSEN

**PRESIDENT** 

04/26/2019

Date