

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000054322

**Entity Name:** REJUVENAX MED SPA CORP

**Current Principal Place of Business:**

2499 GLADES RD  
STE 106A  
BOCA RATON, FL 33431

**Current Mailing Address:**

8659 VIA ANCHO ROAD  
BOCA RATON, FL 33433 US

**FEI Number:** 47-1185174

**Certificate of Status Desired:** No

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

MONTES, NAYLAN  
8659 VIA ANCHO ROAD  
BOCA RATON, FL 33433 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 MONTES, NAYLAN  
Address 8659 VIA ANCHO ROAD  
City-State-Zip: BOCA RATON FL 33433

*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:** NAYLAN MONTES

P

04/29/2025

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

\_\_\_\_\_  
Date