

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000000269

**Entity Name:** SCENIC GETAWAYS, INC.

**Current Principal Place of Business:**

8340 NW 159 TERRACE  
MIAMI LAKES,, FL 33016

**Current Mailing Address:**

8340 NW 159 TERRACE  
MIAMI LAKES,, FL 33016 US

**FEI Number: 81-0977936**

**Certificate of Status Desired: No**

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

MAESTRI, HECTOR J  
8340 NW 159 TERRACE  
MIAMI LAKES, FL 33016 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 MAESTRI, HECTOR J  
Address 8340 NW 159 TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name MAESTRI, M. JACQUELINE  
Address 8340 NW 159 TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

Title S  
Name MAESTRI, JOSE A  
Address 8340 NW 159 TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

Title T  
Name MAESTRI, FRANCESCO J  
Address 8340 NW 159 TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

*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: HECTOR JORGE MAESTRI**

**PRESIDENT**

**01/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date