

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000071351

**Entity Name:** NINOSKAS PERFORMANCE INC

**Current Principal Place of Business:**

4190 NW 79TH AVE  
APT 1A  
DORAL, FL 33166

**FILED**  
**Apr 07, 2021**  
**Secretary of State**  
**3427027329CC**

**Current Mailing Address:**

4190 NW 79TH AVE  
APT 1A  
DORAL, FL 33166 US

**FEI Number:** 81-3731028

**Certificate of Status Desired:** No

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

SANCHEZ, NINOSKA I  
4190 NW 79TH AVE  
APT 1A  
DORAL, FL 33166 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, DIRECTOR, CEO  
Name            SANCHEZ, NINOSKA I  
Address        4190 NW 79TH AVE  
                  APT 1A  
City-State-Zip: DORAL FL 33166

Title            VP, DIRECTOR, SECRETARY  
Name            SANCHEZ, NINOSKA E  
Address        4190 NW 79TH AVE  
                  APT 1A  
City-State-Zip: DORAL FL 33166

*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:** NINOSKA SANCHEZ

**NS**

**04/07/2021**

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

\_\_\_\_\_  
Date