

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000052791

**Entity Name:** RENAISSANCE REJUVENATING MEDICINE INC

**Current Principal Place of Business:**

629 SW 4TH ST  
CAPE CORAL, FL 33991

**Current Mailing Address:**

629 SW 4TH ST  
CAPE CORAL, FL 33991 US

**FEI Number:** 82-1881172

**Certificate of Status Desired:** No

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

ALVAREZ, YANET  
629 SW 4TH STREET  
CAPE CORAL, FL 33991 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 GARCIA BELLO, ALFONSO  
Address 629 SW 4TH ST  
City-State-Zip: CAPE CORAL FL 33991

Title VP  
Name ALVAREZ, YANET  
Address 629 SW 4TH STREET  
City-State-Zip: CAPE CORAL FL 33991

*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:** YANET ALVAREZ

**PRESIDENT**

**01/31/2021**

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

\_\_\_\_\_  
Date