

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000095462

**Entity Name:** MONACO THERAPY SERVICES INC

**Current Principal Place of Business:**

7011 W 29TH AVE APT 121  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

7011 W 29TH AVE APT 121  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 82-3562356

**Certificate of Status Desired:** No

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

PAYAN, TAIRYS  
7011 W 29TH AVE  
APT 121  
HIALEAH GARDENS, FL 33018 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 PAYAN, TAIRYS  
Address 7011 W 29TH AVE  
APT 121  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** TAIRYS PAYAN

**PRESIDENT**

**01/20/2021**

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

\_\_\_\_\_  
Date