

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000098515

Entity Name: ETHRENSA FAMILY TRUST COMPANY

Current Principal Place of Business:

C/O CBIZ
ONE SE THIRD AVENUE, SUITE 1100
MIAMI, FL 33131

Current Mailing Address:

C/O CBIZ
ONE SE THIRD AVENUE, SUITE 1100
MIAMI, FL 33131 US

FEI Number: 82-3784249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR
Name	ALAN, DAVIDSON DR.
Address	13633 DEERING BAY DR AP 216
City-State-Zip:	MIAMI FL 33158
Title	DIRECTOR
Name	STRACHAN, KIMBERLY
Address	BUILDING 2 WESTERN BUSINESS CENTER MOUNT PLEASANT VILLAGE, WESTERN ROAD P.O. BOX SP-63131
City-State-Zip:	NASSAU BAHAMAS

Title	DIRECTOR
Name	RICHFORD, MARK
Address	BUILDING 2 WESTERN BUSINESS CENTER MOUNT PLEASANT VILLAGE, WESTERN ROAD P.O. BOX SP-63131
City-State-Zip:	NASSAU BAHAMAS

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: KIMBERLY STRACHAN

DIRECTOR

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date