

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000002666

**Entity Name:** ARIENNE MARIE SHAFFER, P.A.

**Current Principal Place of Business:**

455 NE 5TH AVE  
D413  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

455 NE 5TH AVE  
D413  
DELRAY BEACH, FL 33483 US

**FEI Number:** 83-3127082

**Certificate of Status Desired:** No

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

MARANGAKIS, ARIENNE  
455 NE 5TH AVE  
D413  
DELRAY BEACH, FL 33483 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:** ARIENNE MARANGAKIS

04/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARANGAKIS, ARIENNE  
Address 455 NE 5TH AVE SUITE D413  
City-State-Zip: DELRAY BEACH FL 33483

*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:** ARIENNE MARANGAKIS

P

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date