

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000001099

**Entity Name:** LIZA SAMUEL P.A.

**Current Principal Place of Business:**

4550 N MICHIGAN AVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4550 N MICHIGAN AVE  
MIAMI BEACH, FL 33140 US

**FEI Number:** 87-4153929

**Certificate of Status Desired:** No

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

SAMUEL, LIZA  
4550 N MICHIGAN AVE  
MIAMI BEACH, FL 33140 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 SAMUEL, LIZA  
Address 4550 N MICHIGAN AVE  
City-State-Zip: MIAMI BEACH FL 33140

*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:** LIZA SAMUEL

**PRESIDENT**

**02/06/2024**

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

\_\_\_\_\_  
Date