

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000056721

Entity Name: GROW&SHINE BEHAVIOR THERAPY CORP.

Current Principal Place of Business:

4140 SW 107TH CT
MIAMI, FL 33165

Current Mailing Address:

4140 SW 107TH CT
MIAMI, FL 33165

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARDENAS, ROSMERY
4140 SW 107TH CT
MIAMI, FL 33165 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 CARDENAS, ROSMERY
Address 4140 SW 107TH CT
City-State-Zip: MIAMI FL 33165

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: CARDENAS , ROSMERY

PRESIDENT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date