

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000065047

**Entity Name:** BLUE ANGELS ABA THERAPY, INC

**Current Principal Place of Business:**

10451 W OKEECHOBEE RD  
307  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

10451 W OKEECHOBEE RD  
307  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 93-3456180

**Certificate of Status Desired:** No

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

CANET RIOS, ROSMEILIN  
10451 W OKEECHOBEE RD  
307  
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 CANET RIOS, ROSMEILIN  
Address 10451 W OKEECHOBEE RD  
City-State-Zip: HIALEAH GARDENS APT 307 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:** ROSMEILIN CANET RIOS

**PRESIDENTE**

**03/27/2024**

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

\_\_\_\_\_  
Date