

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000076430

**Entity Name:** FERREIRA & NEVES CORP

**Current Principal Place of Business:**

6315 WESTGATE DRIVE  
BL 6312 APT 904  
ORLANDO, FL 32835

**Current Mailing Address:**

6315 WESTGATE DRIVE  
BL 6312 APT 904  
ORLANDO, FL 32835 US

**FEI Number:** 93-4184736

**Certificate of Status Desired:** No

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

DA SILVA FERREIRA, MARCIENE R  
6315 WESTGATE DRIVE  
BL 6312 APT 904  
ORLANDO, FL 32835 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 DA SILVA FERREIRA, MARCIENE R  
Address 6315 WESTGATE DRIVE  
BL 6312 APT 904  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name FERREIRA NEVES, SALOMAO  
Address 6315 WESTGATE DRIVE  
BL 6312 APT 904  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name FERREIRA, YASMIM R  
Address 6315 WESTGATE DRIVE  
BL 6312 APT 904  
City-State-Zip: ORLANDO FL 32835

*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:** MARCIENE R DA SILVA FERREIRA

**PRESIDENT**

**03/07/2024**

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

\_\_\_\_\_  
Date