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.

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

SIGNATURE: CHRISTIANO TORRES LEAL

Electronic Signature of Signing Officer/Director Detail

Ρ

5570 NW 61ST STREET APT 912 COCONUT CREEK, FL 33073

Current Mailing Address:

5570 NW 61ST STREET APT 912 COCONUT CREEK, FL 33073 US

FEI Number: 61-2098630

Name and Address of Current Registered Agent:

COCONUT CREEK FL 33073

SPANNER CONSULTING LLC 1076 W SAMPLE ROAD POMPANO BEACH, FL 33064 US

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent Date **Officer/Director Detail :** Title Ρ Title VP TORRES LEAL, CHRISTIANO LOPES LEAL, KEILA C Name Name 5570 NW 61ST STREET APT 912 5570 NW 61ST STREET APT 912 Address Address

City-State-Zip:

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.

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24000011800

Entity Name: LEAL CHAVES SERVICES CORP

Current Principal Place of Business:

FILED Apr 29, 2024

Secretary of State

0314391715CC

Certificate of Status Desired: No

COCONUT CREEK FL 33073

04/29/2024