

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24000058712

Entity Name: FLORIDIAN SOCIAL SERVICES AGENCY INC.**Current Principal Place of Business:**14791 OAK LANE
MIAMI LAKES, FL 33016**Current Mailing Address:**14791 OAK LANE
MIAMI LAKES, FL 33016 US**FEI Number:** 99-5000347**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRITO, SOBERON & ASSOCIATES, INC.
2095 W 76TH STREET
SUITE 102
HIALEAH, FL 33016 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	PD
Name	BENITEZ, ANTOLIN
Address	14791 OAK LANE SUITE B
City-State-Zip:	MIAMI LAKES FL 33016

Title	VPD
Name	SANCHEZ, WILLIAM E
Address	14791 OAK LANE SUITE B
City-State-Zip:	MIAMI LAKES FL 33016

Title	SD
Name	CAPO, AURORA
Address	14791 OAK LANE SUITE B
City-State-Zip:	MIAMI LAKES FL 33016

Title	TD
Name	TORRES, YAIDELINES
Address	14791 OAK LANE SUITE B
City-State-Zip:	MIAMI LAKES FL 33016

Title	VP
Name	LORENZO, PABLO
Address	1416 N 74 TER
City-State-Zip:	HOLLYWOOD FL 33024

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: BENITEZ, ANTOLIN

PD

03/09/2025

Electronic Signature of Signing Officer/Director Detail_____
Date