

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24000059798

**Entity Name:** MJ WELLNESS SERVICES, INC.

**Current Principal Place of Business:**

621 SEA PINE WAY  
UNIT I  
GREENACERS , FL 33415

**Current Mailing Address:**

621 SEA PINE WAY  
UNIT I  
GREENACERS, FL 33415 US

**FEI Number:** 99-5075548

**Certificate of Status Desired:** No

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

AGAMENON, MICHEL  
621 SEA PINE WAY  
UNIT I  
GREENACERS , FL 33415 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, VP  
Name AGAMENON, MICHEL  
Address 621 SEA PINE WAY  
UNIT I  
City-State-Zip: GREENACERS FL 33415

*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:** MICHELE AGAMENON

**OWNER**

**03/11/2025**

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

\_\_\_\_\_  
Date