

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S52069

**Entity Name:** ABRAHAM LAND, INC.

**Current Principal Place of Business:**

5536 SW 8 ST  
CORAL GABLES, FL 33134

**Current Mailing Address:**

5536 SW 8 ST  
CORAL GABLES, FL 33134

**FEI Number:** 65-0286013

**Certificate of Status Desired:** No

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

LANDMAN, MICHAEL M  
5536 S W 8 ST  
CORAL GABLES, FL 33134 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 PDS  
Name LANDMAN, ABRAHAM  
Address 5536 SW 8 STREET  
City-State-Zip: MIAMI FL 33134

Title D  
Name LANDMAN, MICHAEL  
Address 5536 SW 8 ST  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name LANDMAN, BRYAN  
Address 5536 SW 8 ST  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name LANDMAN, DANIEL  
Address 5536 SW 8 ST  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name LANDMAN, JONATHAN  
Address 5536 SW 8 ST  
City-State-Zip: CORAL GABLES FL 33134

*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:** ABRAHAM LANDMAN

**PRESIDENT**

**01/25/2023**

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

\_\_\_\_\_  
Date