

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09570

Entity Name: 4755 WEST ATLANTIC CORPORATION**Current Principal Place of Business:**1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**Current Mailing Address:**1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**FEI Number:** 65-0318895**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAPES, PAUL
1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 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	DIRECTOR, PRESIDENT, SECRETARY
Name	ASARCH, GAIL M
Address	1601 BELVEDERE ROAD SUITE 407 SOUTH
City-State-Zip:	WEST PALM BEACH FL 33406

Title	TREASURER
Name	MAPES, PAUL
Address	1601 BELVEDERE ROAD SUITE 407 SOUTH
City-State-Zip:	WEST PALM BEACH FL 33406

Title	DIRECTOR
Name	ASARCH, ALLISON B
Address	1601 BELVEDERE ROAD SUITE 407 SOUTH
City-State-Zip:	WEST PALM BEACH FL 33406

Title	DIRECTOR
Name	ASARCH, MELISSA R
Address	1601 BELVEDERE ROAD SUITE 407-SOUTH
City-State-Zip:	WEST PALM BEACH FL 33406

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: GAIL M ASARCH**PRESIDENT****06/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date