

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002440

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**5130645278CC**

**Entity Name:** PUNISHMENT WRESTLING CORPORATION

**Current Principal Place of Business:**

5380 SW 8TH STREET  
PLANTATION, FL 33317

**Current Mailing Address:**

5380 SW 8TH STREET  
PLANTATION, FL 33317

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

OLIFF, ELIZABETH A  
5380 SW 8TH STREET  
PLANTATION, FL 33317 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  
Name OLIFF, ELIZABETH A  
Address 5380 SW 8TH STREET  
City-State-Zip: PLANTATION FL 33317

Title VP  
Name CASSON, MALIA  
Address 11440 NW 37TH PLACE  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name STEWART, AARON  
Address 7041 NW 21ST COURT  
City-State-Zip: SUNRISE FL 33313

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH OLIFF

**PRESIDENT**

**02/07/2024**

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

\_\_\_\_\_  
Date