

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000061302

**Entity Name:** 3 MIRACLES CORPORATION**Current Principal Place of Business:**6843 S. CONWAY RD. SUITE 120  
ORLANDO, FL 32812**Current Mailing Address:**6843 S. CONWAY RD. SUITE 120  
ORLANDO, FL 32812 US**FEI Number:** 61-1897018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING GROUP  
7901 KINGSPONTE PKWY STE 17  
ORLANDO, FL 32819 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           | D                                         |
| Name            | SCHIMING PROM. DE VENDAS E TRANSP. EIRELI |
| Address         | R CORONEL JOSE DE BARROS, 58              |
| City-State-Zip: | SOROCABA SP 18035--620                    |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | P                                   |
| Name            | SCHIMING A. SILVA, DANIELA TALITA   |
| Address         | RUA MARIA DELSI GOMES DO AMARAL, 33 |
| City-State-Zip: | SOROCABA SP 18048--013              |

|                 |                             |
|-----------------|-----------------------------|
| Title           | TREASURER                   |
| Name            | A SANTUCCI, JOAO V SCHIMING |
| Address         | 9222 TIBET POINT CIR        |
| City-State-Zip: | WINDERMERE FL 34786         |

*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:** SCHIMING PROM. DE VENDAS E TRANSP. EIRELI    D

01/08/2021

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