

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000017379

Entity Name: FLAVCITY CORP.**Current Principal Place of Business:**6586 W ATLANTIC AVE #1008
DELRAY BEACH, FL 33446**Current Mailing Address:**6586 W ATLANTIC AVE #1008
DELRAY BEACH, FL 33446 US**FEI Number:** 86-2316729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARRISH, ROBERT
8786 SKYWARD ST
BOCA RATON, FL 33496 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,D
Name	PARRISH, ROBERT
Address	6586 W ATLANTIC AVE #1008
City-State-Zip:	DELRAY BEACH FL 33446

Title	T,S
Name	PARRISH, ROBERT
Address	6586 W ATLANTIC AVE #1008
City-State-Zip:	DELRAY BEACH FL 33446

Title	D,
Name	PARRISH, DESSLAVA
Address	6586 W ATLANTIC AVE #1008
City-State-Zip:	DELRAY BEACH FL 33446

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: PARRISH, ROBERT**MANAGER****01/28/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date