# above, or on an attachment with all other like empowered.

#### SIGNATURE: LUIS E MATUTE SANCHEZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P21000088203

#### Entity Name: EDUARDO'S REMODELING SERVICES CORP

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

905 E PINE FOREST DR LYNN HAVEN, FL 32444

#### **Current Mailing Address:**

905 E PINE FOREST DR LYNN HAVEN. FL 32444

## FEI Number: 87-3089138

### Name and Address of Current Registered Agent:

MATUTE SANCHEZ, LUIS E 905 E PINE FOREST DR LYNN HAVEN, FL 32444 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:

### Officer/Dire

Title	Р	Title	VP
Name	MATUTE SANCHEZ, LUIS E	Name	MATUTE RIVERA, JOSE E
Address	905 E PINE FOREST DR	Address	905 E PINE FOREST DR
City-State-Zip:	LYNN HAVEN FL 32444	City-State-Zip:	LYNN HAVEN FL 32444

\∟.					
	Electronic Signature of Registered Agent				
ector Detail :					
I	Þ	Title	VP		
I	MATUTE SANCHEZ, LUIS E	Name	MATUTE RIVERA, JOSE E		
		Addross			

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

Ρ

03/14/2022

FILED Mar 14, 2022 Secretary of State 3873839796CC

Date

Certificate of Status Desired: No

Date