

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000146600

**Entity Name:** NANA SINA, INC.

**Current Principal Place of Business:**

1427 LEMAY HOLLOW RD  
ODESSA, FL 33556

**Current Mailing Address:**

P O BOX 1248  
ODESSA, FL 33556 US

**FEI Number:** 02-0791917

**Certificate of Status Desired:** No

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

LIGORI, NICK  
1427 LEMAY HOLLOW RD  
ODESSA, FL 33556 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           VPST  
Name           LIGORI, JOE  
Address        P O BOX 1248  
City-State-Zip: ODESSA FL 33556

Title           PRES  
Name           LIGORI, NICK J  
Address        P O BOX 1248  
City-State-Zip: ODESSA FL 33556

Title           VP  
Name           LIGORI, NICHOLAS R.  
Address        P O BOX 1248  
City-State-Zip: ODESSA FL 33556

Title           VP  
Name           LIGORI, JOHN H.  
Address        P O BOX 1248  
City-State-Zip: ODESSA FL 33556

*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:** NICK LIGORI

**PRESIDENT**

**04/26/2024**

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

\_\_\_\_\_  
Date