

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001225

Entity Name: DOCOMOMO FLORIDA, INC.**Current Principal Place of Business:**20 ISLAND AVENUE
302
MIAMI BEACH, FL 33139**Current Mailing Address:**706 ASTER WAY
WESTON, FL 33327 US**FEI Number:** 20-8519433**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEJEUNE, JEAN-FRANCOIS
20 ISLAND AVENUE
302
MIAMI BEACH, FL 33139 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:** JEAN-FRANCOIS LEJEUNE**04/28/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PUENTE, GLENDA
Address	706 ASTER WAY
City-State-Zip:	WESTON FL 33327

Title	TREASURER
Name	LEJEUNE, JEAN-FRANCOIS
Address	20 ISLAND AVE, # 302
City-State-Zip:	MIAMI BEACH FL 33139

Title	DIRECTOR
Name	ABBATE , ANTHONY J
Address	1222 SE 1ST ST
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SECRETARY
Name	SHULMAN, ALLAN
Address	100 NE 38TH STREET #2
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	SHIELDHOUSE, RICHARD
Address	1468 EDGEWOOD CIRCLE
City-State-Zip:	JACKSONVILLE FL 32205

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: JEAN-FRANCOIS LEJEUNE**TREASURER****04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date