

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001383

Entity Name: ICOAST CIO COUNCIL CORP.**Current Principal Place of Business:**4613 N UNIVERSITY DRIVE
#267
CORAL SPRINGS, FL 33067**Current Mailing Address:**4613 N UNIVERSITY DRIVE
#267
CORAL SPRINGS, FL 33067 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	DIRECTOR, VP
Name	DEO, SANJAY
Address	4613 N UNIVERSITY DRIVE #267
City-State-Zip:	CORAL SPRINGS FL 33067

Title	DIRECTOR, PRESIDENT
Name	GRAU, CHARLES
Address	4613 N UNIVERSITY DRIVE #267
City-State-Zip:	CORAL SPRINGS FL 33067

Title	DIRECTOR, VP
Name	VAZ, JOHAN
Address	4613 N UNIVERSITY DRIVE #267
City-State-Zip:	CORAL SPRINGS FL 33067

Title	TREASURER
Name	POLIANA, ANGELA
Address	4613 N UNIVERSITY DRIVE #267
City-State-Zip:	CORAL SPRINGS FL 33067

Title	SECRETARY
Name	DUBOC, MAURICE
Address	4613 N UNIVERSITY DRIVE #267
City-State-Zip:	CORAL SPRINGS FL 33067

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: CHARLES GRAU**PRESIDENT****04/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date