

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002169

**Entity Name:** HABITARE SOLUTIONS MANAGEMENT INCORPORATED

**Current Principal Place of Business:**

25 SE 2ND AVENUE  
1148  
MIAMI, FL 33131

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC6166722868**

**Current Mailing Address:**

25 SE 2ND AVENUE  
1148  
MIAMI, FL 33131 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

REVO, LIVIA  
100 SOUTH POINTE DRIVE 1707  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            REVO, LIVIA  
Address        100 SOUTH POINTE DRIVE 1707  
City-State-Zip: MIAMI BEACH FL 33139

Title            SECR  
Name            DAVIS, THRISIA S  
Address        6801 HARDING AVENUE 514  
City-State-Zip: MIAMI BEACH FL 33141

*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: LIVIA REVO**

**PRESIDENT**

**01/12/2018**

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

\_\_\_\_\_  
Date