

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009545

**Entity Name:** WARMAMAS, INC.

**Current Principal Place of Business:**

1825 PONCE DE LEON  
#559  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1825 PONCE DE LEON  
#559  
CORAL GABLES, FL 33134

**FEI Number:** 46-3955062

**Certificate of Status Desired:** Yes

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

SOWERS, PATRICIA  
1400 SALZEDO STREET  
APT 206  
CORAL GABLES, FL 33134 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 PTSD  
Name SOWERS, PATRICIA  
Address 1400 SALZEDO STREET  
APT 206  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name YAPUR, SILVIA  
Address 275 NE 102 ST.  
City-State-Zip: MIAMI SHORES FL 33138

Title D  
Name BUSEY, PHILIP  
Address 837 S.W. 120TH WAY  
City-State-Zip: DAVIE FL 33325  
  
Title D  
Name FRESNEDA, LORENZO  
Address 101 LOMBARD ST.  
APT 317E  
City-State-Zip: SAN FRANCISCO CA 94111-1181

*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:** PATRICIA SOWERS

**PRESIDENT**

**04/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date