

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

DOCUMENT# N15000003077

**Entity Name:** FILLING NEEDS INC.

**Current Principal Place of Business:**

4711 MIRABELLA PL  
LUTZ, FL 33558

**Current Mailing Address:**

4711 MIRABELLA PL  
LUTZ, FL 33558 US

**FEI Number:** 47-3553624

**Certificate of Status Desired:** No

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

BORGGIO GALLO, JOAQUIN MR  
4711 MIRABELLA PL  
LUTZ, FL 33558 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 VP  
Name GALLO, MAYRA MRS  
Address 4711 MIRABELLA PL  
City-State-Zip: LUTZ FL 33558

Title VP  
Name BORGGIO LORENZELLI, GONZALO MR  
Address 4711 MIRABELLA PL  
City-State-Zip: LUTZ FL 33558

Title VP  
Name DUBRA ESTRADA, CARLOS MR  
Address 1665 BAY ROAD APT 221  
City-State-Zip: MIAMI BEACH FL 33139

Title P  
Name BORGGIO GALLO, JOAQUIN MR  
Address 4711 MIRABELLA PL  
City-State-Zip: LUTZ FL 33558

*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:** JOAQUIN BORGGIO GALLO

P

04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date