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: IVANHOE SANCHEZ PRESIDENT

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

Entity Name: ADVENTIST BUSINESS NETWORK INC **Current Principal Place of Business:**

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

8660 WEST FLAGLER STREET SUITE 120 MIAMI, FL 33144

DOCUMENT# N1600000724

Current Mailing Address:

8660 WEST FLAGLER STREET SUITE 120 MIAMI, FL 33144 US

FEI Number: 81-1234403

Name and Address of Current Registered Agent:

BROMFIELD, STEVE 2110 SW 67TH WAY MIRAMAR, FL 33023 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

Officer/Director Detail :

Title	S, SECRETARY	Title	TREASURER
Name	URIARTE, ALEJANDRO	Name	DIAZ, GERSON
Address	8660 WEST FLAGLER STREET, SUITE 120	Address	10700 CARIBBEAN BLVD, SUITE 206
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	CUTLER BAY FL 33189
Title	PRESIDENT SANCHEZ, IVANHOE	Title	VP
ritte		Name	PUPO, MAYRA
Name		Address	8660 WEST FLAGLER STREET SUITE 120
Address	3750 NW 87TH AVENUE, SUITE 500		
City-State-Zip:	DORAL FL 33178	City-State-Zip:	MIAMI FL 33144
Title	DIRECTOR		
Name	TREVILCOCK, CLEOPATRA		
Address	8660 WEST FLAGLER STREET SUITE 120		
City-State-Zip:	MIAMI FL 33144		

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

07/05/2017

Date

Date