## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N16000001091

Entity Name: ADVENTURES IN STEM INC.

## **Current Principal Place of Business:**

9001 SW 77 AVE C-201 MIAMI, FL 33156

## **Current Mailing Address:**

9001 SW 77 AVE C-201 MIAMI, FL 33156 US

## FEI Number: 81-1477436

## Name and Address of Current Registered Agent:

GONZALEZ, ILIANA 9001 SW 77 AVE C-201 MIAMI, FL 33156 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 Ag   | gent            |                                  |
|--|---|-----------------|----------------------------------|
| Officer/Director Detail :                                      |   |                 |                                  |
| Title  | PRESIDENT   | Title           | VP                               |
| Name   | GONZALEZ, ILIANA  | Name            | ROBAINA, JULIO                   |
| Address  | 9001 SW 77 AVE  | Address         | 4308 SW 62 AVE                   |
| City-State-Zip:  | C-201<br>MIAMI FL 33156   | City-State-Zip: | MIAMI FL 33155                   |
| Title  | SECRETARY   |                 |                                  |
| Name   | GARCIA, JORGE   |                 |                                  |
| Address  | 179 NW 97 ST  |                 |                                  |
| City-State-Zip:  | MIAMI SHORES FL 33150   |                 |                                  |
| Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address | GONZALEZ, ILIANA<br>9001 SW 77 AVE<br>C-201<br>MIAMI FL 33156<br>SECRETARY<br>GARCIA, JORGE<br>179 NW 97 ST | Name<br>Address | ROBAINA, JULIO<br>4308 SW 62 AVE |

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: ILIANA GONZALEZ

PRESIDENT

04/10/2017

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 10, 2017 Secretary of State CC1630845564

Certificate of Status Desired: No