

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010515

Entity Name: IXOYE7 INC**Current Principal Place of Business:**27432 DORTCH AVE
27432 DORTCH
BONITA SPRINGS FL, AL 34135**Current Mailing Address:**27432 DORTCH AVE
27432 DORTCH
BONITA SPRINGS FL, 34135 LE**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FUNES, ALFREDO A
27432 DORTCH AVE
27432 DORTCH AVE
BONITA SPRINGS FL, FL 34135 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:** ALFREDO FUNES**04/24/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FUNES, ALFREDO A SIR
Address 27432 DORTCH AVE
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR OF PLANNING AND
 DEVELOPMENT
Name NOLASCO, JOSE L SIR
Address 26189 MILAGRO LN
City-State-Zip: BONITA SPRINGS FL 34135

Title ASSISTANT TO PRESIDENT
Name OSMAN, GOMEZ J JR
Address 10911 BONITA BEACH RD SE UNIT
 1031
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR OF FUNDRAISING
Name MATA, JOHNY WILLIAM SR.
Address 5550 JONQUIL LN
 103
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name MEJIA, CARLA V
Address COL. CERRO VERDE, ZONA 3, CASA
 12, BLOQUE 2, PASAJE 1
City-State-Zip: CHOLOMA, CORTES 504

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: ALFREDO FUNES**PRESIDENT****04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date