

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 393644

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC3927169949**

**Entity Name:** ECONOCARIBE CONSOLIDATORS, INC.

**Current Principal Place of Business:**

2401 N W 69TH ST  
MIAMI, FL 33147

**Current Mailing Address:**

2401 N W 69TH ST  
MIAMI, FL 33147

**FEI Number: 59-1428228**

**Certificate of Status Desired: Yes**

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

SHAPIRO, MITCHELL  
2401 NW 69TH ST.  
MIAMI, FL 33147 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 PD  
Name ABISCH, JOHN  
Address 2401 N.W. 69TH ST.  
City-State-Zip: MIAMI FL 33147

Title CFO  
Name SHAPIRO, MITCHELL  
Address 2401 NW 69TH ST  
City-State-Zip: MIAMI FL 33147

Title VPD  
Name BRODER, BRAD  
Address 2401 N W 69TH ST  
City-State-Zip: MIAMI FL 33147

Title VPD  
Name GOLDENBERG, ROBERT  
Address 2401 N W 69TH ST  
City-State-Zip: MIAMI FL 33147

Title VPD  
Name OLSTER, RONALD  
Address 2401 N W 69TH ST  
City-State-Zip: MIAMI FL 33147

Title VPD  
Name BERMUDEZ, JESUS  
Address 2401 N W 69TH ST  
City-State-Zip: MIAMI FL 33147

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MITCHELL SHAPIRO**

**CFO**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date