

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 560980

Entity Name: SICAME INCORPORATED**Current Principal Place of Business:**C/O 12002 SW 128 CT.
106
MIAMI, FL 33186**Current Mailing Address:**C/O 12002 SW 128 CT.
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MIAMI, FL 33186 US**FEI Number:** 59-1805446**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINS, ANTONIO
12002 SW 128 CT. #106
MIAMI, FL 33186 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	MARTINS, ANTONIO
Address	RUA CORDEIRO FERREIRA #19 - 12 DRT
City-State-Zip:	1750-071 LISBOA PT PORTU-GAL

Title	VP
Name	BATALHA MARTINS, LUIS A
Address	RUA CORDEIRO FERREIRA #19 -12 DRT
City-State-Zip:	1750-071 LISBOA PT

Title	S
Name	MARTINS, ESMERALDA
Address	RUA CORDEIRO FERREIRA #19 - 12 DRT
City-State-Zip:	1750-071 LISBOA PT PORTU-GAL

Title	VP
Name	MARTINS BATALHA, FERNANDO A
Address	RUA LEOPOLDO DE ALMEIDA NO 8-13 ESQ
City-State-Zip:	1750-138 LISBOA

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: ANTONIO MARTINS

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03/17/2015

Electronic Signature of Signing Officer/Director Detail_____
Date