

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 641871

**Entity Name:** MIGLIORE, INC.**Current Principal Place of Business:**201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131**Current Mailing Address:**201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131 US**FEI Number:** 59-1947619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW CENTER OF THE AMERICAS, LLC  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131 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	DPAS
Name	FROHLICH, ALFREDO
Address	201 SOUTH BISCAYNE BOULEVARD, STE 800
City-State-Zip:	MIAMI FL 33131

Title	T
Name	FROHLICH, ALFREDO
Address	201 SOUTH BISCAYNE BOULEVARD, STE 800
City-State-Zip:	MIAMI FL 33131

Title	VPS
Name	FROHLICH, ANDREA
Address	201 SOUTH BISCAYNE BOULEVARD, STE 800
City-State-Zip:	MIAMI FL 33131

Title	AS
Name	HAGEN, STEVEN H
Address	201 SOUTH BISCAYNE BOULEVARD, STE 800
City-State-Zip:	MIAMI FL 33131

*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:** ALFREDO FROHLICH**PRESIDENT****03/13/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date