

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G58865

**Entity Name:** PELICAN REEF, INC.

**Current Principal Place of Business:**

4900 NW 167TH ST  
MIAMI, FL 33014

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC5464654967**

**Current Mailing Address:**

4900 NW 167TH ST  
MIAMI, FL 33014 US

**FEI Number: 59-2360204**

**Certificate of Status Desired: No**

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

CALZADILLA, ANGEL  
4900 NW 167 ST  
MIAMI, FL 33014 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            CEO  
Name            CALZADILLA, ANGEL  
Address        4900 NW 167 ST  
City-State-Zip: MIAMI FL 33014

Title            SEVP  
Name            CALZADILLA, KAREN L.  
Address        4900 NW 167 ST  
City-State-Zip: MIAMI FL 33014

Title            VPS  
Name            CHADWICK, MAYLEEN  
Address        4900 NW 167 ST  
City-State-Zip: MIAMI FL 33014

Title            P  
Name            CALZADILLA, ALLEN  
Address        4900 NW 167 ST  
City-State-Zip: MIAMI FL 33014

Title            VP  
Name            CALZADILLA, JUDITH  
Address        4900 NW 167 ST  
City-State-Zip: MIAMI FL 33014

*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: KAREN CALZADILLA**

**SR. VP**

**03/08/2016**

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

\_\_\_\_\_  
Date