## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89217

Entity Name: LUIVIMA, INC.

### **Current Principal Place of Business:**

789 CRANDON BLVD, APT 1102 KEY BISCAYNE, FL 33149

### **Current Mailing Address:**

789 CRANDON BLVD, APT 1102 KEY BISCAYNE, FL 33149

# FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

| Title           | DPST                       | Title           | D                          |
|-----------------|----------------------------|-----------------|----------------------------|
| Name            | VILLA, LUIS ALBERTO        | Name            | VILLA, AMPARO              |
| Address         | 789 CRANDON BLVD, APT 1102 | Address         | 789 CRANDON BLVD, APT 1102 |
| City-State-Zip: | KEY BISCAYNE FL 33149      | City-State-Zip: | KEY BISCAYNE FL 33149      |
|                 |                            |                 |                            |
|                 | -                          |                 |                            |
| Title           | D                          |                 |                            |
| Title<br>Name   | D<br>VILLA, JORGE ALBERTO  |                 |                            |
|                 | -                          |                 |                            |
| Name            | VILLA, JORGE ALBERTO       |                 |                            |

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: LUIS ALBERTO VILLA

DPST

Date

Electronic Signature of Signing Officer/Director Detail

Date