

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000044564

**Entity Name:** C.I.P. MANAGEMENT, INC.

**Current Principal Place of Business:**

8551 W. SUNRISE BLVD.  
SUITE 100  
PLANTATION, FL 33322

**Current Mailing Address:**

8551 W. SUNRISE BLVD.  
SUITE 100  
PLANTATION, FL 33322 US

**FEI Number:** 22-3857019

**Certificate of Status Desired:** No

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

GHALTCHI, HEIDI  
2541 NOB HILL RD #403  
SUNRISE, FL 33322 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 GHALTCHI, MICHELLE  
Address 8551 W. SUNRISE BLVD.  
SUITE100  
City-State-Zip: PLANTATION FL 33322

Title SD  
Name GHALTCHI, DANIEL  
Address 8551 W. SUNRISE BLVD.  
SUITE 100  
City-State-Zip: PLANTATION FL 33322

Title VD  
Name GHALTCHI, THOMAS  
Address 8551 W. SUNRISE BLVD.  
SUITE 100  
City-State-Zip: PLANTATION FL 33322

*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:** THOMAS GHALTCHI

VP

04/20/2016

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

\_\_\_\_\_  
Date