

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000050095

**Entity Name:** MAQUINDUS, INC.

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DR. , SUITE 602  
MIAMI, FL 33133

**Current Mailing Address:**

2665 SOUTH BAYSHORE DR. , SUITE 602  
MIAMI, FL 33133 US

**FEI Number:** 04-3668792

**Certificate of Status Desired:** No

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

ATRIUM REGISTERED AGENTS, INC.  
1500 REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146 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 PTSD  
Name BRAKHA, JOSEPH  
Address 616 TIZIANO AVENUE  
City-State-Zip: CORAL GABLES FL 33143

Title D  
Name BRAKHA, JOEL  
Address 616 TIZIANO AVE  
City-State-Zip: CORAL GABLES FL 33143

*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:** JOSEPH BRAKHA

PTSD

03/02/2015

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

\_\_\_\_\_  
Date