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.

D

#### SIGNATURE: SONIA VIERTL

Electronic Signature of Signing Officer/Director Detail

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133365

Entity Name: HASOSA FOOD SERVICE CONSULTING, INC.

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

800 SOUTH DOUGLAS ROAD SUITE 145 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

800 SOUTH DOUGLAS ROAD SUITE 145 CORAL GABLES, FL 33134

#### FEI Number: 42-1565484

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

ARROYO, ANTONIO N 3301 PONCE DE LEON BLVD. SUITE 210 CORAL GABLES, FL 33134 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 Officer/Director Detail :

Officer/Director Detail :			
Title	D	Title	D
Name	VIERTL, HANS	Name	VIERTL, SONIA
Address	800 DOUGLAS ROAD SUITE 145	Address	800 DOUGLAS RD., STE 145
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

## Certificate of Status Desired: No

FILED Feb 16, 2016

Secretary of State

CC2645351503

02/16/2016 Date

Date