above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056555

Entity Name: CBI MANAGEMENT, INC.

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

11767 S. DIXIE HWY 197 MIAMI, FL 33156

## **Current Mailing Address:**

11767 S. DIXIE HWY 197 MIAMI, FL 33156 US

## FEI Number: 74-3093144

## Name and Address of Current Registered Agent:

GIAMMATTEI, JAIME 11767 S.DIXIE HWY 197 MIAMI, FL 33156 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 :			
Title	PRESIDENT	Title	SECRETARY
Name	GIAMMATTEI, JAIME	Name	GIAMMATTEI, JAIME
Address	11767 S. DIXIE HIGHWAY, 197	Address	11767 S. DIXIE HWY
City-State-Zip:	MIAMI FL 33156	City-State-Zin	197 MIAMI FL 33156
		Gity-State-Zip.	IVITAIVIT FL 33130

SIGNATURE: JAIME GIAMMATTEI PRESIDENT

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

May 09, 2016 Secretary of State CC0715740525

FILED

Certificate of Status Desired: No

Date

05/09/2016

Date