# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041763

Entity Name: FIGUEME, INC.

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

2230 SW 90 AVE MIAMI, FL 33165

### **Current Mailing Address:**

2230 SW 90 AVE MIAMI, FL 33165

# FEI Number: 20-2536716

### Name and Address of Current Registered Agent:

MIYAR, RAMON 10800 SW 139TH ROAD MIAMI, FL 33176-6559 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                 | : RAMON MIYAR                            |                 |                    | 01/11/2015 |
|---------------------------|--|-----------------|--------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                    | Date       |
| Officer/Director Detail : |  |                 |                    |            |
| Title                     | PD                                       | Title           | TD                 |            |
| Name                      | FIGUEROA, FELIX                          | Name            | FIGUEROA, GEORGINA |            |
| Address                   | 2230 SW 90 AVE                           | Address         | 2230 SW 90 AVE     |            |
| City-State-Zip:           | MIAMI FL 33165                           | City-State-Zip: | MIAMI FL 33165     |            |
| Title                     | VD                                       | Title           | SD                 |            |
| Name                      | MESA, JOSE S                             | Name            | MESA, MARIA E      |            |
| Address                   | 11290 SW 30 STREET                       | Address         | 11290 SW 30 STREET |            |
| City-State-Zip:           | MIAMI FL 33165                           | City-State-Zip: | MIAMI FL 33165     |            |
|                           |  |                 |                    |            |

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.

PD

### SIGNATURE: FELIX FIGUEROA

Electronic Signature of Signing Officer/Director Detail

FILED Jan 11, 2015 Secretary of State CC6415064284

Certificate of Status Desired: No

01/11/2015 Date