

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122478

Entity Name: VIVABOXES US, INC.**Current Principal Place of Business:**9801 WASHINGTONIAN BLVD
GAITHERSBURG, MD 20878**Current Mailing Address:**PO BOX 352
BUFFALO, NY 14240 US**FEI Number:** 20-3462163**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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	S
Name	ROBINS, SCOTT
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	DIRECTOR
Name	MACHUEL, DENIS
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	DIRECTOR
Name	DE TRAMASURE, SEBASTIEN
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	T
Name	HANCOCK, PHILIP
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	VP
Name	PAQUETTE, DESIREE
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	PRESIDENT, DIRECTOR
Name	GODET, SEBASTIEN
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

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: SCOTT ROBINS**SECRETARY****04/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date