

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000034730

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC4031653549**

**Entity Name:** UDINE WEALTH MANAGEMENT , INC.

**Current Principal Place of Business:**

701 N FT LAUDERDALE BEACH BLVD STE 402  
FT LAUDERDALE, FL 33304

**Current Mailing Address:**

701 N. FORT LAUDERDALE BEACH BLVD,  
SUITE 402  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 26-2331117

**Certificate of Status Desired:** No

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

UDINE, SCOTT  
701 N FT LAUDERDALE BEACH BLVD STE 402  
FT LAUDERDALE, FL 33304 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	PVST	Title	D
Name	UDINE, SCOTT	Name	UDINE, SCOTT
Address	701 N. FORT LAUDERDALE BEACH BLVD, SUITE 402	Address	701 N. FORT LAUDERDALE BEACH BLVD, SUITE 402
City-State-Zip:	FORT LAUDERDALE FL 33304	City-State-Zip:	FORT LAUDERDALE FL 33304

*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 UDINE

**PRESIDENT**

**01/22/2018**

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

\_\_\_\_\_  
Date