

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052250

Entity Name: ARTIFLOR, INC.**Current Principal Place of Business:**CALLE 1ERA ESQUINA CARRET DUARTE, VIEJA,
SECTOR LA VENTA, SANTO DOMINGO OESTE
REPUBLICA DOMINICANA, DR 00000**Current Mailing Address:**EPS# P-2944
PO BOX 025522
MIAMI, FL 33102-5522**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUAREZ, INGRID
922 SCRUB JAY DRIVE
ST AUGUSTINE, FL 32092 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	PD
Name	TIRADO, ANGELA LEON
Address	EPS# P-2944, PO BOX 025522
City-State-Zip:	MIAMI FL 33102-5522

Title	VPD
Name	TIRADO, CLARA D. LEON
Address	EPS# P-2944, PO BOX 025522
City-State-Zip:	MIAMI FL 33102-5522

Title	SD
Name	LEON, GIOVANNA
Address	EPS# P-2944, PO BOX 025522
City-State-Zip:	MIAMI FL 33102-5522

Title	TD
Name	NUNEZ, LUCIANO LEON
Address	EPS# P-2944, PO BOX 025522
City-State-Zip:	MIAMI FL 33102-5522

Title	D
Name	LEON, JUAN
Address	EPS# P-2944, PO BOX 025522
City-State-Zip:	MIAMI FL 33102-5522

Title	DIRECTOR
Name	TIRADO, YUVANIS
Address	EPS# P-2944, PO BOX 025522
City-State-Zip:	MIAMI FL 33102

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: CLARA D. LEON TIRADO

VPD

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date