

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085646

Entity Name: LEDINAT CORPORATION**Current Principal Place of Business:**18201 COLLINS AVE.
SPA209
SUNNY ISLE, FL 33160**Current Mailing Address:**18201 COLLINS AVE.
SPA209
SUNNY ISLE, FL 33160 US**FEI Number:** 26-3462702**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALKA & KRAVITZ, P.A.
1300 SAWGRASS CORP BLVD
100
FT. LAUDERDALE, FL 33323 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	P
Name	AMSELLEM, ARMAND
Address	18201 COLLINS AVE SPA209
City-State-Zip:	SUNNY ISLE FL 33160

Title	VP
Name	AMSELLEM, NATHALIE
Address	18201 COLLINS AVE SPA209
City-State-Zip:	SUNNY ISLE FL 33160

Title	T
Name	AMSELLEM, LEDICIA
Address	18201 COLLINS AVE SPA209
City-State-Zip:	SUNNY ISLE FL 33160

Title	S
Name	AMSELLEM, STEPHANE S
Address	18201 COLLINS AVE. SPA209
City-State-Zip:	SUNNY ISLE FL 33160

Title	DIRECTOR
Name	MOUYAL, SYLVIE
Address	18201 COLLINS AVE. SPA209
City-State-Zip:	SUNNY ISLE FL 33160

Title	DIRECTOR
Name	AMSELLEM, ERIC
Address	18201 COLLINS AVE. SPA209
City-State-Zip:	SUNNY ISLE FL 33160

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: ARMAND AMSELLEM**PRESIDENT****02/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date