## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P09000092649

Entity Name: RODONAVES CORPORATION

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

253 N.E. 2ND ST APT 3003 MIAMI, FL 33132

#### **Current Mailing Address:**

253 N.E. 2ND ST. APT 3003 MIAMI, FL 33132 US

### FEI Number: 27-1298617

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

RODRIGUES, DAVILSON 4699 N FEDERAL HWY SUITE 109E POMPANO BEACH, FL 33064 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

### Officer/Director Detail :

|          | PD                       | Title                     | VPD  |  |
|----------|--------------------------|---------------------------|--|--|
|          | NAVES, VERA LUCIA M      | Name                      | NAVES, JOAO BRAZ   |  |
| s        | 253 NE 2ND ST., APT 3003 | Address                   | 253 NE 2ND STREET APT 3003   |  |
| ate-Zip: | MIAMI FL 33132           | City-State-Zip:           | MIAMI FL 33132   |  |
|          | s                        | PD<br>NAVES, VERA LUCIA M | PD Title<br>NAVES, VERA LUCIA M Name<br>s 253 NE 2ND ST., APT 3003 Address |  |

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: VERA LUCIA MARABIN NAVES | MRS | 03/28/2016 |
|-------------------------------------|-----|------------|
|                                     |     |            |

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 28, 2016 Secretary of State CC9466656124

Date

Date

Certificate of Status Desired: No