

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000001172

**FILED**  
**Jan 02, 2014**  
**Secretary of State**  
**CC7416951134**

**Entity Name:** ALUNI CORP

**Current Principal Place of Business:**

5161 COLLINS AVE  
APT.1710  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5161 COLLINS AVE  
APT.1710  
MIAMI BEACH, FL 33140 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VELEZ, EDUARDO D  
5161 COLLINS AVE  
APT.1723  
MIAMI BEACH, FL 33141 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 COSOLITO DE NATAL, ADRIANA M  
Address 5161 COLLINS AVE  
APT.1710  
City-State-Zip: MIAMI BEACH FL 33140

Title VP  
Name NATAL, RUBEN M  
Address 5161 COLLINS AVE  
APT.1710  
City-State-Zip: MIAMI BEACH FL 33140

Title T  
Name NATAL, ALEJO  
Address 5161 COLLINS AVE  
APT.1710  
City-State-Zip: MIAMI BEACH FL 33140

Title T  
Name NATAL, NICOLAS  
Address 5161 COLLINS AVE  
APT.1710  
City-State-Zip: MIAMI BEACH FL 33140

Title S  
Name NATAL, LUCIANA  
Address 5161 COLLINS AVE  
APT 1710  
City-State-Zip: MIAMI BEACH FL 33140

*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:** NATAL, RUBEN M

VP

01/02/2014

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

\_\_\_\_\_  
Date