

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000057657

**FILED  
Apr 15, 2017  
Secretary of State  
CC8132779457**

**Entity Name:** XTRAMILE SERVICE CENTER CORP

**Current Principal Place of Business:**

285 NW 27 AVE  
SUITE 16  
MIAMI, FL 33125

**Current Mailing Address:**

285 NW 27 AVE  
SUITE 16  
MIAMI, FL 33127 US

**FEI Number:** 45-2587176

**Certificate of Status Desired:** No

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

RODRIGUEZ, ELIZABETH  
285 NW 27 AVE  
SUITE 16  
MIAMI, FL 33125 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	Title	VP
Name	RODRIGUEZ, ELIZABETH	Name	CHIRINO, NOYLA
Address	285 NW 27 AVE SUITE 16	Address	285 NW 27 AVE SUITE 16
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125

*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:** ELIZABETH RODRIGUEZ

**PRESIDENT**

**04/15/2017**

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

\_\_\_\_\_  
Date