

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000064457

**Entity Name:** GEA SOLUCIONES C.A INC

**Current Principal Place of Business:**

13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 263  
WINDEMERE, FL 34786

**Current Mailing Address:**

13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 263  
WINDEMERE, FL 34786 US

**FEI Number:** 45-3112024

**Certificate of Status Desired:** No

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

SILVA, JOSE G  
13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 263  
WINDEMERE, FL 34786 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            SILVA, JOSE G  
Address        13506 SUMMERPORT VILLAGE  
                  PARKWAY STE 263  
City-State-Zip: WINDEMERE FL 34786

Title            VP  
Name            LORENZO, ISABEL C  
Address        13506 SUMMERPORT VILLAGE  
                  PARKWAY STE 263  
City-State-Zip: WINDEMERE FL 34786

*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:** JOSE SILVA

P

05/01/2016

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

\_\_\_\_\_  
Date