

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000017694

**Entity Name:** FERCADIA INTERNATIONAL CORP.

**Current Principal Place of Business:**

5494 NW 94TH DORAL PLACE  
DORAL, FL 33178

**Current Mailing Address:**

5494 NW 94TH DORAL PLACE  
DORAL, FL 33178 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LUCIANI FERNANDEZ, IRMA  
5494 NW 94TH DORAL PLACE  
DORAL, FL 33178 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           PTD  
Name           LUCIANI FERNANDEZ, IRMA  
Address        5494 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

Title           VSD  
Name           AUGUSTO FERNANDEZ, ALFONSO  
Address        5494 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

Title           D  
Name           ANTONIO FERNANDEZ, ALFONSO  
Address        5494 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

Title           D  
Name           FERNANDEZ, CATHERINA  
Address        5494 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

Title           D  
Name           ALFONSO FERNANDEZ, DANIEL  
Address        5494 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

*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:** LUCIANI FERNANDEZ , IRMA

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04/20/2020

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

\_\_\_\_\_  
Date