

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000036249

**Entity Name:** REAPER SPECIAL SERVICES, INC.

**Current Principal Place of Business:**

10461 S.W. 45 STREET  
MIAMI, FL 33165

**Current Mailing Address:**

C/O LUCAS O. DELGADO  
2263 W. NEW HAVEN AVE.#336  
MELBOURNE, FL 32904 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DELGADO, LUCAS O  
10461 SW 45 STREET  
MIAMI, FL 33165 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	PSTD	Title	VP
Name	DELGADO, LUCAS O	Name	DELGADO, FELIX O
Address	10461 S.W. 45 STREET	Address	10461 SW 45 STREET
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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:** LUCAS DELGADO

**PRESIDENT**

**03/30/2016**

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

\_\_\_\_\_  
Date