### 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. PRESIDENT

SIGNATURE: JUAN F CASTRO

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

Officer/Director Detail :			
Title	PD	Title	SD
Name	CASTRO, JUAN F	Name	CASTRO, LAURA C
Address	7500 NW 25TH ST 111	Address	7500 NW 25TH ST 111
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	MIAMI FL 33122

CASTRO, JUAN F 7500 NW 25TH ST

MIAMI, FL 33122 US

111

111 MIAMI, FL 33122

7500 NW 25TH ST

7500 NW 25TH ST 111 MIAMI, FL 33122 US

### Name and Address of Current Registered Agent:

DOCUMENT# P12000042950

**Current Principal Place of Business:** 

## **Current Mailing Address:**

### FEI Number: 35-2445363

Entity Name: CNC LASER INTERNATIONAL, INC.

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

Certificate of Status Desired: No

10/02/2015

Date

### FILED Oct 02, 2015 Secretary of State CC0126847890

Electronic Signature of Signing Officer/Director Detail