

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000051260

**Entity Name:** DEL BUSTO CAPITAL PARTNERS INC

**Current Principal Place of Business:**

2390 NW 7 STREET  
STE 201  
MIAMI, FL 33125

**FILED**  
**Mar 03, 2017**  
**Secretary of State**  
**CC9302264587**

**Current Mailing Address:**

2390 NW 7 STREET  
STE 201  
MIAMI, FL 33125

**FEI Number: 45-5425607**

**Certificate of Status Desired: No**

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

DEL BUSTO, JUAN  
2390 NW 7 STREET  
STE 201  
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  
Name DEL BUSTO, JUAN  
Address 14808 SW 67 LANE  
City-State-Zip: MIAMI FL 33193

Title VP  
Name DEL BUSTO, JUSTIN A  
Address 14808 SW 67 LANE  
City-State-Zip: MIAMI FL 33193

Title VP  
Name DEL BUSTO, LESLIE M  
Address 15349 SW 11 STREET  
City-State-Zip: MIAMI FL 33194

Title TS  
Name DEL BUSTO, MARIA R  
Address 14808 SW 67 LANE  
City-State-Zip: MIAMI FL 33193

*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: JUAN DEL BUSTO**

**PRESIDENT**

**03/03/2017**

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

\_\_\_\_\_  
Date