

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000094595

Entity Name: SCULPTUREPLUS CORP

Current Principal Place of Business:

507 NW 42ND STREET
MIAMI, FL 33127

Current Mailing Address:

507 NW 42ND STREET
MIAMI, FL 33127 US

FEI Number: 46-1380578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALIGON, OLIVIER R
507 NW 42ND STREET
MIAMI, FL 33127 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 HALIGON, OLIVIER R
Address 507 NW 42ND STREET
City-State-Zip: MIAMI FL 33127

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: OLIVIER HALIGON

OWNER

09/08/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date