

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000081383

Entity Name: ONEBLADE, INC.

Current Principal Place of Business:

2525 PONCE DE LEON BLVD., SUITE 1225
CORAL GABLES, FL 33134

Current Mailing Address:

2525 PONCE DE LEON BLVD., SUITE 1225
CORAL GABLES, FL 33134

FEI Number: 46-3818807

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD., SUITE 1225
CORAL GABLES, FL 33134 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 CEOD
Name BARRETT, TOD
Address 2525 PONCE DE LEON BLVD., SUITE
 1225
City-State-Zip: CORAL GABLES FL 33134

Title D
Name PORTER STANSBERRY, FRANK
Address 2525 PONCE DE LEON BLVD., SUITE
 1225
City-State-Zip: CORAL GABLES FL 33134

Title SD
Name FERRI, MARCO
Address 2525 PONCE DE LEON BLVD., SUITE
 1225
City-State-Zip: CORAL GABLES FL 33134

Title CFO
Name PEREZ, MARIA
Address 2525 PONCE DE LEON BLVD., SUITE
 1225
City-State-Zip: CORAL GABLES FL 33134

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: TOD BARRETT

DIRECTOR

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date