

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000090658

**FILED  
Apr 18, 2018  
Secretary of State  
CC2954259807**

**Entity Name:** STRATEGGIA CAPITAL CORP.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

**FEI Number:** 32-0421777

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
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            PRESIDENT, DIRECTOR  
Name            SALGADO GARCIA, DENISSE  
Address        2121 PONCE DE LEON BLVD  
                  SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            ARREDONDO PINEDA, GABRIEL  
Address        2121 PONCE DE LEON BLVD  
                  SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            RUANO, OSCAR  
Address        2121 PONCE DE LEON BLVD  
                  SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            PINEDA CRUZ, PATRICIA  
Address        2121 PONCE DE LEON BLVD  
                  SUITE 1050  
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:** SALGADO GARCIA , DENISSE

**PD**

**04/18/2018**

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

\_\_\_\_\_  
Date