

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000098711

**Entity Name:** SOMNIO CORP

**Current Principal Place of Business:**

5102 BELMERE PKWY  
1803  
TAMPA, FL 33624

**Current Mailing Address:**

5102 BELMERE PKWY  
1803  
TAMPA, FL 33624 US

**FEI Number:** 46-4298691

**Certificate of Status Desired:** No

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

MELENDEZ VEGA LLC  
10631 N KENDALL DR  
SUITE 110  
MIAMI, FL 33176 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 MARTINEZ ARRIETA, CAMILO E  
Address 5102 BELMERE PKWY  
1803  
City-State-Zip: TAMPA FL 33624

Title T  
Name BELTRAN PINTO, FABIO F  
Address 5102 BELMERE PKWY  
1803  
City-State-Zip: TAMPA FL 33624

Title SECRETARY  
Name MARTINEZ ARRIETA, MEGHAN G  
Address 5102 BELMERE PKWY  
1803  
City-State-Zip: TAMPA FL 33624

*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:** MEGHAN MARTINEZ ARRIETA

**SECRETARY**

**03/04/2014**

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

\_\_\_\_\_  
Date