

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000016878

Entity Name: EFAE 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 US

FEI Number: 46-4926918

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 PD
Name TCHOUHADJIAN, EDUARDO G
Address 2121 PONCE DE LEON BLVD. STE 1050
City-State-Zip: CORAL GABLES FL 33134

Title D
Name TCHOUHADJIAN, MARIA ELENA
Address 2121 PONCE DE LEON BLVD. STE 1050
City-State-Zip: CORAL GABLES FL 33134

Title SD
Name CESARETTI, ALICIA S
Address 2121 PONCE DE LEON BLVD. STE 1050
City-State-Zip: CORAL GABLES FL 33134

Title D
Name TCHOUHADJIAN, MARIA F
Address 2121 PONCE DE LEON BLVD. STE 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: ALICIA S CESARETTI

SD

03/18/2016

Electronic Signature of Signing Officer/Director Detail

Date