

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000068020

**Entity Name:** CUBE CARE ALLIANCE COMPANY

**Current Principal Place of Business:**

6043 NW 167TH STREET  
SUITE A-23  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

PO BOX 171741  
HIALEAH, FL 33017

**FEI Number:** 47-1607295

**Certificate of Status Desired:** No

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

ROBLEDO, SUSANA  
6043 NW 167TH STREET  
SUITE A-23  
MIAMI LAKES, FL 33015 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            D  
Name            ROBLEDO, SUSANA  
Address        PO BOX 171741  
City-State-Zip: HIALEAH FL 33017

*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:** SUSANA ROBLEDO

D

01/09/2015

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

\_\_\_\_\_  
Date