

2017 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

FOUNDER & CEO

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date