

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000078190

Entity Name: ELBRUS MANAGEMENT TWO INC.**Current Principal Place of Business:**201 SOUTH BISCAYNE BLVD BLVD, STE 1500
(LAD)
MIAMI, FL 33131**Current Mailing Address:**201 SOUTH BISCAYNE BLVD BLVD, STE 1500
(LAD)
MIAMI, FL 33131**FEI Number:** 47-2079634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD BLVD, STE 1500
(LAD)
MIAMI, FL 33131 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	CEO
Name	HORWITZ, VIOLETA
Address	201 SOUTH BISCAYNE BLVD BLVD, STE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

Title	PRESIDENT
Name	PERO, ALFONSO
Address	201 SOUTH BISCAYNE BLVD BLVD, STE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	ALLIENDE, CRISTIAN
Address	201 SOUTH BISCAYNE BLVD BLVD, STE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

Title	TREASURER
Name	SOLARI, ANDRES
Address	201 SOUTH BISCAYNE BLVD BLVD, STE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	DE ARMAS, LUIS A.
Address	201 SOUTH BISCAYNE BLVD BLVD, STE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

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: DE ARMAS, LUIS A.**SECRETARY****03/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date