

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000078215

Entity Name: ELBRUS MANAGEMENT INC.**Current Principal Place of Business:**2950 SW 27TH AVENUE
SUITE 220
MIAMI, FL 33133**Current Mailing Address:**2950 SW 27TH AVENUE
SUITE 220
MIAMI, FL 33133 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI
200 SOUTH BISCAYNE BOULEVARD
SUITE 4100 (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	2950 SW 27TH AVENUE SUITE 220
City-State-Zip:	MIAMI FL 33133
Title	VP
Name	ALLIENDE, CRISTIAN
Address	2950 SW 27TH AVENUE SUITE 220
City-State-Zip:	MIAMI FL 33133
Title	SECRETARY
Name	DE ARMAS, LUIS A.
Address	200 SOUTH BISCAYNE BOULEVARD SUITE 4100
City-State-Zip:	MIAMI FL 33133

Title	PRESIDENT
Name	PERO, ALFONSO
Address	2950 SW 27TH AVENUE SUITE 220
City-State-Zip:	MIAMI FL 33133
Title	DIRECTOR / TREASURER
Name	SOLARI, ANDRES
Address	2950 SW 27TH AVENUE SUITE 220
City-State-Zip:	MIAMI FL 33133

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****02/22/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date