

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000096558

**Entity Name:** 2BTUBE, INC.**Current Principal Place of Business:**195 ARCH. MAKARIOU AVENUE III  
NEOCLEOUS HOUSE  
3030 LIMASSOL, CPRUS OC,**Current Mailing Address:**195 ARCH. MAKARIOU AVENUE III  
NEOCLEOUS HOUSE  
3030 LIMASSOL, CPRUS OC, CY**FEI Number:** 47-2442726**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOURQUET, FABIENNE  
2143 NW 1ST AVENUE  
MIAMI, FL 33127 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, SECRETARY	Title	PRESIDENT
Name	FOURQUET, FABIENNE	Name	MANINTVELD, BASTIAAN
Address	195 ARCH. MAKARIOU AVENUE III NEOCLEOUS HOUSE	Address	195 ARCH. MAKARIOU AVENUE III NEOCLEOUS HOUSE
City-State-Zip:	3030 LIMASSOL, CPRUS OC	City-State-Zip:	3030 LIMASSOL, CPRUS OC
Title	DIRECTOR		
Name	VIZOSO, RICARDO		
Address	195 ARCH. MAKARIOU AVENUE III NEOCLEOUS HOUSE		
City-State-Zip:	3030 LIMASSOL, CPRUS OC		

*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:** FABIENNE FOURQUET

CEO

03/14/2018

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