

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000001608

**Entity Name:** FAMILYES NETWORK INC

**Current Principal Place of Business:**

95 MERRICK WAY  
3RD FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

95 MERRICK WAY, THIRD FLOOR  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-2736131

**Certificate of Status Desired:** No

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

LAW OFFICES OF ANAIS M. NIN, P.A.  
ANAIS M. NIN, ESQ.  
2655 LE JEUNE ROAD, SUITE 700-A  
CORAL GABLES, FL 33134 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 P  
Name MEDINA, VILMA H  
Address 10 ARAGON AVE  
1015  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name FERNANDEZ, NAPOLEAO  
Address 10 ARAGON AVE  
1015  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name LARRAINZAR GARIJO, ARTURO  
Address AVDA.ISA GRACIOSA 13 CP:28703  
City-State-Zip: SAN SEBASTIAN DE LOS REYES AL

*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:** NAPOLEAO FERNANDEZ

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03/05/2018

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

\_\_\_\_\_  
Date