

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000055819

**Entity Name:** WIKE-UP!, INC.

**Current Principal Place of Business:**

1776 SANS SOUCI BLVD.  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

1776 SANS SOUCI BLVD.  
NORTH MIAMI, FL 33181

**FEI Number:** 47-4673217

**Certificate of Status Desired:** No

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

TRISTAN BOURGOIGNIE PA  
5975 SUNSET DRIVE  
SUITE 603  
SOUTH MIAMI , FL 33143 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, D  
Name LE FLOC'H, JEAN MICHEL  
Address 1776 SAN SOUCI BLVD  
City-State-Zip: NORTH MIAMI FL 33181

Title VP,D  
Name DANCIU, PATRICK  
Address 1776 SAN SOUCI BLVD  
City-State-Zip: NORTH MIAMI FL 33181

Title S  
Name BOURGOIGNIE, P.TRISTAN  
Address 5975 SUNSET DRIVE  
SUITE 603  
City-State-Zip: SOUTH MIAMI FL 33143

Title D  
Name COLLOMBA, ANTOINE  
Address 1776 SAN SOUCI BLVD  
City-State-Zip: NORTH MIAMI FL 33181

*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:** P. TRISTAN BOURGOIGNIE

**SECRETARY**

**02/26/2017**

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

\_\_\_\_\_  
Date