

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000069122

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**9139144820CC**

**Entity Name:** SORRENTS CORPORATION

**Current Principal Place of Business:**

100 SE 2ND STREET, SUITE #3800  
MIAMI, FL 33131

**Current Mailing Address:**

100 SE 2ND STREET, SUITE #3800  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BOLOGNA, STEFANIA ESQ  
100 SE 2ND STREET, SUITE #3800  
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 PSD  
Name SORRENTINO, CIRO  
Address VIALE CAMILLO SABATINI 150  
City-State-Zip: ROMA ITALY 00144

Title DVT  
Name PARAVIA, PATRIZIA  
Address VIALE CAMILLO SABATINI 150  
City-State-Zip: ROMA ITALY 00144

Title V  
Name SORRENTINO PARAVIA, NICOLO  
Address VIALE CAMILLO SABATINI 150  
City-State-Zip: ROMA ITALY 00144

Title V  
Name SORRENTINO PARAVIA, ELEONORA  
Address VIALE CAMILLO SABATINI 150  
City-State-Zip: ROMA ITALY 00144

*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:** PATRIZIA PARAVIA

DVT

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date