

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000069122

Entity Name: SORRENTS CORPORATION**Current Principal Place of Business:**100 SE 2ND STREET
SUITE 3400
MIAMI, FL 33131**Current Mailing Address:**100 SE 2ND STREET
SUITE 3400
MIAMI, FL 33131 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLOGNA, ESQ. , STEFANIA
100 SE 2ND STREET
SUITE 3400
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:** STEFANIA BOLOGNA, ESQ.

04/19/2021

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 | V |
| Name | SORRENTINO PARAVIA, NICOLO |
| 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, 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: CIRO SORRENTINO

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04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date