

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000069122

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	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: PATRIZIA PARAVIA

DVT

04/24/2019

Electronic Signature of Signing Officer/Director Detail_____
Date