

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000010165

**Entity Name:** WOLFUMBRIA CORP.**Current Principal Place of Business:**10 S FLAG DR.  
KISSIMMEE, FL 34759**Current Mailing Address:**10 S FLAG DR.  
KISSIMMEE, FL 34759 US**FEI Number:** 81-1547203**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOBOGUERRERO, MARCELA MRS  
10 S FLAG DR  
FLAG DR  
KISSIMMEE, FL 34759 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	VP
Name	LOBOGUERRERO, MARCELA
Address	CALLE 119 NRO 15 A 18 103
City-State-Zip:	BOGOTA CUNDINAMARCA 110111

Title	VP
Name	MEDINA, SANDRA P
Address	CALLE 119 NRO 15 A 18 103
City-State-Zip:	BOGOTA CUNDINAMARCA 110111

Title	P
Name	LOBOGUERRERO, SANTIAGO
Address	CALLE 119 NRO 15 A 18 103
City-State-Zip:	BOGOTA CUNDINAMARCA 110111

Title	S
Name	GARVIN, M
Address	10 S FLAG DR FLAG DR
City-State-Zip:	KISSIMMEE FL 34759

*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:** SONDR M GARVIN**03/13/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date