

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052622

**Entity Name:** NEURAFY CORP

**Current Principal Place of Business:**

145 SW 13TH ST  
319  
MIAMI, FL 33130

**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC1821146047**

**Current Mailing Address:**

145 SW 13TH ST  
319  
MIAMI, FL 33130 ES

**FEI Number:** 81-3352465

**Certificate of Status Desired:** No

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

KABIR CAPITAL LLC  
145 SW 13TH ST  
APT 319  
MIAMI, FL 33130 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	Title	VP
Name	ABAD SEVILLA, DANIEL	Name	KABIR CAPITAL LLC
Address	145 SW 13TH ST	Address	145 SW 13TH ST
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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:** KABIR CAPITAL LLC

VP

04/03/2018

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

\_\_\_\_\_  
Date