

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000084811

**Entity Name:** FEBE, INC.

**Current Principal Place of Business:**

150 S.E. 2ND AVENUE, SUITE 1010  
MIAMI, FL 33131

**Current Mailing Address:**

150 S.E. 2ND AVENUE, SUITE 1010  
MIAMI, FL 33131

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BOLOGNA, STEFANIA ESQ.  
150 S.E. 2ND AVENUE, SUITE 1010  
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 PCEO  
Name GORLA, FEDERICO  
Address VIA TENTORIO 4/H  
City-State-Zip: COMO ITALY 22100

Title TCEO  
Name AMBRUS, BEATA  
Address VIA TENTORIO 4/H  
City-State-Zip: COMO ITALY 22100

Title CFO  
Name AMBRUS, BEATA  
Address VIA TENTORIO 4/H  
City-State-Zip: COMO ITALY 22100

Title VPSD  
Name AMBRUS, BEATA  
Address VIA TENTORIO 4/H  
City-State-Zip: COMO ITALY 22100

*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:** AMBRUS, BEATA

**CFO**

**04/27/2017**

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

\_\_\_\_\_  
Date