

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000031039

**Entity Name:** SHADOW MANAGEMENT LIMITED, INC

**Current Principal Place of Business:**

100 NORTH FEDERAL HWY APT 817  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

100 NORTH FEDERAL HWY APT 817  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 98-0692932

**Certificate of Status Desired:** No

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

GRANDIO, ESTEFANIA  
100 NORTH FEDERAL HWY APT 817  
FORT LAUDERDALE, FL 33301 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  
Name GRANDIO, ESTEFANIA  
Address 100 NORTH FEDERAL HWY APT 817  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** ESTEFANIA GRANDIO

**PRESIDENT**

**03/07/2019**

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

\_\_\_\_\_  
Date