

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000048301

Entity Name: CORTIGMA HOLDINGS, INCORPORATED**Current Principal Place of Business:**65 ALHAMBRA PLAZA
CORAL GABLES, FL 33134**Current Mailing Address:**141 GIRALDA AVENUE
CORAL GABLES, FL 33134**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	DIR
Name	MEDDINGS, PETER
Address	57 HOLYROOD STREET
City-State-Zip:	HAMPTON, VICTORIA NA 3188

Title	DIR
Name	MEDDINGS, PHILLIP
Address	18 RUSSELL STREET
City-State-Zip:	IVANHOE, VICTORIA NA 3079

Title	DIR
Name	MEDDINGS, DALE
Address	3 PANTEG ROAD
City-State-Zip:	SASSAFRAS, VICTORIA NA 3787

Title	PRES
Name	MEDDINGS, PHILLIP
Address	18 RUSSELL STREET
City-State-Zip:	IVANHOE, VICTORIA NA 3079

Title	SEC
Name	MEDDINGS, DALE
Address	5 PANTEG ROAD
City-State-Zip:	SASSAFRAS, VICTORIA NA 3787

Title	ASEC
Name	SHARP, NICK
Address	141 GIRALDA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

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: PHILLIP MEDDINGS**PRESIDENT****04/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date