

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000052059

**Entity Name:** CAPTIVA ORCHID, INC.

**Current Principal Place of Business:**

405 FIFTH AVENUE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

405 FIFTH AVENUE SOUTH  
NAPLES, FL 34102 US

**FEI Number:** 83-0918036

**Certificate of Status Desired:** No

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

INTRAPRENEUR MANAGEMENT GROUP, INC.  
2100 SANS SOUCI BLVD  
#201  
MIAMI, FL 33181 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 REMOND, NATALIE  
Address 6925 TROUVILLE ESPLANADE  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name MOLFINO, RENATA M  
Address 405 FIFTH AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

*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:** NATALIE REMOND

**PRESIDENT**

**05/01/2019**

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

\_\_\_\_\_  
Date