

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000058681

**Entity Name:** PROSOLVE INC.

**Current Principal Place of Business:**

2101 BRICKELL AVE.  
#903  
MIAMI, FL 33129

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC4321931222**

**Current Mailing Address:**

2101 BRICKELL AVE.  
#903  
MIAMI, FL 33129 US

**FEI Number: 65-0518429**

**Certificate of Status Desired: No**

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

KASPER, KATHLEEN G  
2101 BRICKELL AVE. #903  
MIAMI, FL 33129 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            D  
Name            KASPER, MARTIN  
Address        4451 KARIBA LAKE TERRACE  
City-State-Zip: SARASOTA FL 34243

Title            C  
Name            KASPER, KATHLEEN G  
Address        2101 BRICKELL AVE., #903  
City-State-Zip: MIAMI FL 33129

Title            DIRECTOR  
Name            MACHADO, CARLOS  
Address        2101 BRICKELL AVE.  
                  #903  
City-State-Zip: MIAMI FL 33129

*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: KATHLEEN KASPER**

**PRESIDENT**

**01/06/2017**

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

\_\_\_\_\_  
Date