

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000059020

**Entity Name:** CINCO M'S CORP.

**Current Principal Place of Business:**

819 ANASTASIA AVE.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

819 ANASTASIA AVE.  
CORAL GABLES, FL 33134

**FEI Number:** 65-0687377

**Certificate of Status Desired:** No

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

DEMARZIANI, ILEANA  
819 ANASTASIA AVE  
C. GABLES, FL 33134 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 DVT  
Name DEMARZIANI, MIGUEL  
Address 819 ANASTASIA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title DPS  
Name DEMARZIANI, ILEANA D  
Address 819 ANASTASIA AVE.  
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:** ILEANA DE MARZIANI

**PRESIDENT**

**01/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date