

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089428

Entity Name: WRAPIDO CORPORATION**Current Principal Place of Business:**2614 PONCE DE LEON BLVD PH1
CORAL GABLES, FL 33134**Current Mailing Address:**2614 PONCE DE LEON BLVD
PH #1
CORAL GABLES, FL 33134 US**FEI Number:** 65-0707399**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NG, ABE
8005 NW 90 ST.
MIAMI, FL 33166 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 PDST
Name NG, ABE
Address 8005 NW 90 ST
City-State-Zip: MIAMI FL 33166Title MGRM
Name NG, IVA
Address 8005 NW 90 STREET
City-State-Zip: MEDLEY FL 33166Title MGRM
Name NG, ALLAN
Address 2614 PONCE DE LEON BLVD
PH #1
City-State-Zip: CORAL GABLES FL 33134Title MGRM
Name NG, BETTY
Address 2614 PONCE DE LEON BLVD
PH #1
City-State-Zip: CORAL GABLES FL 33134Title VP
Name HO SANG, STEVE P
Address 2614 PONCE DE LEON BLVD PH1
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: IVA NG

MGRM

04/24/2020

Electronic Signature of Signing Officer/Director Detail_____
Date