## 2019 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:

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

**FILED** Mar 27, 2019

**Secretary of State** 

4485673525CC

Officer/Director Detail:

**PDST** Title Title **MGRM** Name NG, ABE Name NG, IVA

Address 8005 NW 90 ST Address 8005 NW 90 STREET City-State-Zip: MEDLEY FL 33166 City-State-Zip: MIAMI FL 33166

**MGRM** MGRM Title Title Name NG, BETTY NG, ALLAN Name

2614 PONCE DE LEON BLVD Address Address 2614 PONCE DE LEON BLVD PH #1

PH #1

City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip:

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.

**MGRM** 03/27/2019 SIGNATURE: IVA NG