

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004320

**Entity Name:** COBB NEVADA PARTNERS, INC.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD  
STE 470  
CORAL GABLES, FL 33146

**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC2494065695**

**Current Mailing Address:**

PO BOX 14-4200  
CORAL GABLES, FL 33114-4200

**FEI Number: 58-2363709**

**Certificate of Status Desired: No**

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

PERDOMO, MERCEDES  
4000 PONCE DE LEON BLVD  
STE 470  
CORAL GABLES, FL 33146 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            DP  
Name            COBB, CHARLES EJR  
Address        PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

Title            DST  
Name            COBB, SUE M  
Address        PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

*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: CHARLES COBB JR**

**DP**

**04/06/2016**

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

\_\_\_\_\_  
Date