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.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F11000004427

Entity Name: CLAXON INVESTMENTS SERVICES INC.

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

89 MAIN STREET ROAD TOWN. BRITISH VIRGIN ISLANDS

# **Current Mailing Address:**

2955 NW 126 AVENUE #215 SUNRISE, FL 33323

# FEI Number: 98-0697742

## Name and Address of Current Registered Agent:

FERNANDEZ, MANUEL 4780 SW 110TH AVENUE DAVIE, FL 33328 US

The above named entity sub

#### SIGNATURE:

Electr **Officer/Director De** Title Ρ Name FERNANDEZ, NILO Name DE FERNANDEZ, JOSEFINA A Address 2955 NW 126 AVENUE #215 Address 2955 NW 126 AVENUE #215 City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

ubmits this statement for the purpose of changing its regist	tered office or regis	tered agent, or both, in the State of Florida.	
tronic Signature of Registered Agent			Date
etail :			
	Title	S	
	Nomo		

Certificate of Status Desired: No

FILED Jan 26, 2016 Secretary of State CC6499467150

> 01/26/2016 Date