2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002599

Entity Name: EASY SOLUTIONS ENTERPRISES CORP.

Current Principal Place of Business:

8550 NW 33 STREET 101 DORAL, FL 33122

Current Mailing Address:

8550 NW 33 STREET 101 DORAL, FL 33122 US

FEI Number: 46-2451954

Name and Address of Current Registered Agent:

BETANCOURT, FABIO 8550 NW 33 STREET 101 DORAL, FL 33122 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.

The above hamed	entity submits this statement for the purpose of changing its r	registered onice of regis	lered agent, or both, in the State of F	ionua.
SIGNATURE	FABIO BETANCOURT			01/09/2017
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	C/P	Title	D	
Name	VILLADIEGO, RICARDO	Name	WALTERS, KEN	
Address	8550 NW 33 STREET 101	Address	8550 NW 33 STREET 101	
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122	
Title	D	Title	S/T	
Name	TOMAS, MICHAEL	Name	LOPEZ, SILVIA	
Address	8550 NW 33 STREET 101	Address	8550 NW 33 STREET 101	
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122	
Title	CFO	Title	D	
Name	RODRIGUEZ, EFRAIN	Name	RENE, RODRIGUEZ	
Address	8550 NW 33 STREET 101	Address	8550 NW 33 STREET 101	
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122	
Title	D			
Name	NELSON, FONSECA			
Address	8550 NW 33 STREET 101			
City-State-Zip:	DORAL FL 33122			

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.

CFO	01/09/2017
	CFO

Electronic Signature of Signing Officer/Director Detail

FILED Jan 09, 2017 Secretary of State CC8799443276

Certificate of Status Desired: Yes

Date