

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001107

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC6947135684**

**Entity Name:** LLORENS PHARMACEUTICAL CORP.

**Current Principal Place of Business:**

BMB 396 267 CALLE SIERRA MORENA  
SAN JUAN, OC 00926

**Current Mailing Address:**

BMB 396 267 CALLE SIERRA MORENA  
SAN JUAN, OC 00926 US

**FEI Number:** 66-0432610

**Certificate of Status Desired:** No

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

LLORENS, JOSE C  
7080 NW 37 TH CT  
MIAMI, FL 33147 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           | CP                              | Title           | VC                              |
| Name            | LLORENS, JOSE C                 | Name            | RUIZ, THUSNELDA                 |
| Address         | BMB 396 267 CALLE SIERRA MORENA | Address         | BMB 396 267 CALLE SIERRA MORENA |
| City-State-Zip: | SAN JUAN OC 00926               | City-State-Zip: | SAN JUAN OC 00926               |

*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:** JOSE LLORENS

**PRESIDENT**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date