

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002958

Entity Name: SIMUNYE, INC.**Current Principal Place of Business:**1415 NW 196 TERRACE
MIAMI, FL 33169**Current Mailing Address:**1415 NW 196 TERRACE
MIAMI, FL 33169 US**FEI Number: 01-0678739****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, CAROLYN
1415 NW 196TH. TERRACE
MIAMI GARDENS, FL 33169 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	PRESIDENT
Name	WALKES, LENORA
Address	12131 NW 5TH. COURT
City-State-Zip:	PLANTATION ACRES FL 33325

Title	RECORDING SECRETARY
Name	ANITA MCGRUDER
Address	90 NE 42 STREET
City-State-Zip:	MIAMI FL 33137

Title	TREASURER
Name	JOHNSON, CAROLYN MS.
Address	1415 N.W.196TH. TERRACE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	CORRESPONDING SECRETARY
Name	SHIRLEY RAMSEY
Address	1551 SW 105 AVE.
City-State-Zip:	PEMBROKE PINES FL 33025

Title	VP
Name	BENJAMIN BENNETT
Address	360 NW 48 AVE.
City-State-Zip:	PLANTATION FL 33317

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN JOHNSON**TREASURER****02/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date