

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002118

Entity Name: SEE NO BOUNDARIES, INC.**Current Principal Place of Business:**1112 LUMSDEN TRACE
VALRICO, FL 33594**Current Mailing Address:**1112 LUMSDEN TRACE
VALRICO, FL 33594**FEI Number:** 56-2396583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARMASHWARIE AZOR
1112 LUMSDEN TRACE CIRCLE
VALRICO, FL 33594 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	VP
Name	BIJOUX, MARIE
Address	1112 LUMSDEN TRACE
City-State-Zip:	VALRICO FL 33594

Title	PRESIDENT
Name	AZOR, PARMASHWARIE
Address	1112 LUMSDEN TRACE
City-State-Zip:	VALRICO FL 33594

Title	VP
Name	JOSEPHS, CAROL
Address	1112 LUMSDEN TRACE
City-State-Zip:	VALRICO FL 33594

Title	EXECUTIVE SECRETARY
Name	NAPOLEON, AVA
Address	1112 LUMSDEN TRACE
City-State-Zip:	VALRICO FL 33594

Title	VP
Name	DERIVEAU, TIFFANY
Address	1112 LUMSDEN TRACE
City-State-Zip:	VALRICO FL 33594

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: PARMASHWARIE AZOR**PRESIDENT****03/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date