

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010191

**Entity Name:** INOESA, INC.

**Current Principal Place of Business:**

7130 S. ORANGE BLOSSOM TRAIL  
SUITE 145  
ORLANDO, FL 32809

**Current Mailing Address:**

7130 S. ORANGE BLOSSOM TRAIL  
SUITE 145  
ORLANDO, FL 32809 US

**FEI Number:** 47-2269107

**Certificate of Status Desired:** No

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

BAPTISTE, BENEDICK  
1965 S. SEMORAN BLVD.  
ORLANDO, FL 32822 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 P  
Name BAPTISTE, BENEDICK  
Address 1965 S. SEMORAN BLVD.  
City-State-Zip: ORLANDO FL 32822

Title FOUNDING MEMBER  
Name JEAN, MOMPRESMIER  
Address 2813 PIONEER ROAD  
City-State-Zip: ORLANDO FL 32808

Title S  
Name BAPTISTE, VIOSE M  
Address 1965 S. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32822

Title ADVISOR  
Name HIVE, GESNY  
Address 1780 SERGE CREEK CT  
City-State-Zip: ORLANDO FL 32824

Title STAFF MEMBER  
Name JEAN, LEONEL JEAN  
Address 918 ORWELL AVE  
City-State-Zip: ORLANDO FL 32809

Title PUBLIC RELATIONS  
Name SAINTIL, DANIEL  
Address 5584 ARNOLD PALMER DR.APT. 121  
City-State-Zip: ORLANDO FL 32811

*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:** BENEDICK BAPTISTE

**PRESIDENT**

**02/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date