

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L01344

**Entity Name:** MARBE LABORATORIES INC.

**Current Principal Place of Business:**

6303 SW 116 PL.  
#G  
MIAMI, FL 33173

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC3445733695**

**Current Mailing Address:**

6303 SW 116 PL.  
#G  
MIAMI, FL 33173 US

**FEI Number:** 65-0134254

**Certificate of Status Desired:** No

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

IVANOFF, AURA  
6303 SW 116 PL., #G  
MIAMI, FL 33173 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 PD  
Name IVANOFF, AURA  
Address 6303 SW 116 PL., #G  
City-State-Zip: MIAMI FL 33173

Title STD  
Name IVANOFF, AURA  
Address 6303 SW 116 PL., #G  
City-State-Zip: MIAMI FL 33173

Title P  
Name JARAMILLO, VICTOR  
Address 6303 SW 116 PL, #G  
City-State-Zip: MIAMI FL 33173

*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:** AURA IVANOFF

**PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date