

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L82912

**FILED**  
**Apr 19, 2019**  
**Secretary of State**  
**3214484887CC**

**Entity Name:** FEROB CORPORATION

**Current Principal Place of Business:**

845 5TH STREET  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

845 5TH STREET  
MIAMI BEACH, FL 33139

**FEI Number:** 65-0201675

**Certificate of Status Desired:** No

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

PALMA, ADRIAN  
845 5TH STREET  
MIAMI BEACH, FL 33139 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 DIRECTOR  
Name PALMA, ROBERTO  
Address 748 N.W. 133RD AVE.  
City-State-Zip: MIAMI FL

Title P  
Name PALMA, JORGE M.  
Address 11760 SW 24 TERRACE  
City-State-Zip: MIAMI FL

Title V  
Name PALMA, ADRIAN  
Address 5333 COLLINS AVE., #408  
City-State-Zip: MIAMI BEACH FL 33140

Title T  
Name PALMA, RAUL  
Address 9425 SW 8 TERR  
City-State-Zip: MIAMI FL

Title S  
Name PALMA, RAUL  
Address 9425 S. W. 8 TERR  
City-State-Zip: MIAMI FL

*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:** ADRIAN PALMA

VP

04/19/2019

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

\_\_\_\_\_  
Date