

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000001661

**Entity Name:** CAMANCHACA, INC.

**Current Principal Place of Business:**

7200 N.W. 19 STREET  
SUITE 410  
MIAMI, FL 33126-1225

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC4969703545**

**Current Mailing Address:**

7200 N.W. 19 STREET  
SUITE 410  
MIAMI, FL 33126-1225

**FEI Number: 65-1068766**

**Certificate of Status Desired: Yes**

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

CORPDIRECT AGENTS, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DCCE  
Name GARCIA, RICARDO  
Address 7200 N.W. 19 STREET, SUITE 410  
City-State-Zip: MIAMI FL 33126-1225

Title DVC  
Name FERNANDEZ, JORGE  
Address 7200 N.W. 19 STREET, SUITE 410  
City-State-Zip: MIAMI FL 33126-1225

Title DT  
Name BORTNIK, DANIEL  
Address 7200 N.W. 19 STREET, SUITE 410  
City-State-Zip: MIAMI FL 33126-1225

Title DS  
Name NEIMAN, IGAL  
Address 7200 N.W. 19 STREET, SUITE 410  
City-State-Zip: MIAMI FL 33126-1225

Title P  
Name BACHMANN, BERT  
Address 7200 N.W. 19 STREET, SUITE 410  
City-State-Zip: MIAMI FL 33126-1225

*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: BERT BACHMANN**

**PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date