

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000080525

**Entity Name:** 17149 CORPORATION

**Current Principal Place of Business:**

155 OCEAN LANE DRIVE, #1105  
KEY BISCAYNE, FL 33148

**Current Mailing Address:**

1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33149

**FEI Number:** 65-1131670

**Certificate of Status Desired:** No

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

ALVARO CASTILLO B P A  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131 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 D  
Name MANCINI DE CAMPBELL, LAURA  
Address 155 OCEAN LANE DRIVE, #1105  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name CAMPBELL, FERNANDO  
Address 155 OCEAN LANE DRIVE, #1105  
City-State-Zip: KEY BISCAYNE FL 33149

Title S  
Name CASTILLO, ALVARO  
Address 1390 BRICKELL AVENUE #200  
City-State-Zip: MIAMI FL 33131

Title D  
Name CAMPBELL, ALEJANDRA  
Address 1390 BRICKELL AVE SUITE 200  
City-State-Zip: MIAMI FL 33131

*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:** FERNANDO CAMPBELL

D

02/24/2017

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

\_\_\_\_\_  
Date