#### 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114189

Entity Name: ASTROTED, INC.

Apr 30, 2016 **Secretary of State** CC4987361726

**FILED** 

# **Current Principal Place of Business:**

8880 NW 20TH STREET

SUITE K

DORAL, FL 33172

# **Current Mailing Address:**

8880 NW 20TH STREET

SUITE K

DORAL, FL 33172 US

FEI Number: 65-1158225 Certificate of Status Desired: No

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

TEDESCO, FELIPE 8880 NW 20TH STREET SUITE K DORAL, FL 33172 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 Title DIRECTOR TEDESCO, FELIPE Name Name MAUL, BODIL

8880 NW 20TH STREET 8880 NW 20TH STREET Address Address

SUITE K SUITE K

City-State-Zip: **DORAL FL 33172** City-State-Zip: **DORAL FL 33172** 

Title **DIRECTOR** 

Name NOVA CASA, LLC

8880 NW 20TH STREET Address

SUITE K

City-State-Zip: **DORAL FL 33172** 

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.