

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113252

Entity Name: C3LS, INC.**Current Principal Place of Business:**1700 NW 64 STREET
SUITE 700
FORT LAUDERDALE, FL 33309**Current Mailing Address:**1700 NW 64 STREET
SUITE 700
FORT LAUDERDALE, FL 33309 US**FEI Number:** 16-1636718**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROZIO, ALBERTO
1700 NW 64 STREET
SUITE 700
FORT LAUDERDALE, FL 33309 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	WEISE, TED
Address	1700 NW 64 STREET SUITE 700
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	MARTIN, JAMES
Address	1700 NW 64 STREET SUITE 700
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	LOSCHIAVO, ROD
Address	1700 NW 64 STREET SUITE 700
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	COO
Name	ROZIO, ALBERTO
Address	1700 NW 64 STREET SUITE 700
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	PTSE
Name	ROZIO, ALBERTO
Address	1700 NW 64 STREET SUITE 700
City-State-Zip:	FORT LAUDERDALE FL 33309

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: ALBERTO ROZIO

COO

02/01/2018

Electronic Signature of Signing Officer/Director Detail_____
Date