

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000030708

**Entity Name:** FS UNIT 3007, INC.

**Current Principal Place of Business:**

619 CHESTNUT STREET  
WABAN, MA 02468

**Current Mailing Address:**

619 CHESTNUT STREET  
WABAN, MA 02468 US

**FEI Number:** 20-0749502

**Certificate of Status Desired:** No

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

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVENUE, SUITE 300  
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           | PD                                            |
| Name            | FOLCH, SALVI                                  |
| Address         | VASCO DE QUIROGA #2000, EDIFICO<br>A 4TO.PISO |
| City-State-Zip: | MEXICO D.F. CP 01210 XX                       |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | FOLCH, ERIC         |
| Address         | 619 CHESTNUT STREET |
| City-State-Zip: | WABAN MA 02468      |

*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:** SALVI FOLCH

P

03/23/2016

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

\_\_\_\_\_  
Date