

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109140

Entity Name: TELEFERGA GENERAL SERVICES CORP.**Current Principal Place of Business:**P.O.BOX 350333
MIAMI, FL 33135**Current Mailing Address:**P.O. BOX 350333
MIAMI, FL 33135 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ-GAMEZ, ALFREDO R
1901 N. W. 14 ST
MIAMI, FL 33125 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 PSTD
Name FERNANDEZ-GAMEZ, ALFREDO R
Address P.O.BOX 350333 MIAMI FLA 33135
City-State-Zip: MIAMI FL 33135

Title PSTD
Name FERNANDEZ-GAMEZ, ALFREDO RA.
Address P.O.BOX 350333 MIAMI FLA 33135
City-State-Zip: MIAMI FL 33135

Title PSTD
Name FERNANDEZ-GAMEZ, ALFREDO R
Address P.O.BOX 350333 MIAMI FLA 33135
City-State-Zip: MIAMI FL 33135

Title PSTD
Name FERNANDEZ-GAMEZ, ALFREDO R
Address P.O.BOX 350333 MIAMI FLA 33135
City-State-Zip: MIAMI FL 33135

Title PSTD
Name FERNANDEZ-GAMEZ, ALFREDO R
Address P.O.BOX 350333 MIAMI FLA 33135
City-State-Zip: MIAMI FL 33135

Title PSTD
Name FERNANDEZ-GAMEZ, ALFREDO R
Address P.O.BOX 350333 MIAMI FLA 33135
City-State-Zip: MIAMI FL 33135

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: ALFREDO R. FERNANDEZ- GAMEZ**PRES****04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date