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.

OD

SIGNATURE: SUE ALVAREZ

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

11115 S.W. 119TH STREET MIAMI, FL 33176

Current Mailing Address:

11115 S.W. 119TH STREET MIAMI. FL 33176

FEI Number: 41-2179480

Name and Address of Current Registered Agent:

ALVAREZ, SUE A 11115 S.W. 119TH STREET MIAMI, FL 33176 US

The above n State of Florida.

SIGNATU

Officer/Director Detail :

Title	D	Title	D
Name	ALVAREZ, SUE A	Name	ALVAREZ, AMANDA TVP
Address	11115 S.W. 119TH STREET	Address	11115 SW 119TH STREET
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

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amed er	tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the
JRE:	
	Electronic Signature of Registered Agent

Mar 14, 2017 Secretary of State CC4769088814

FILED

Certificate of Status Desired: No

03/14/2017

Date

Date

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098901 Entity Name: A/TAE FOCAL POINTE DANCE COMPANY