#### 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.

DOCUMENT# P05000159685

# **Current Principal Place of Business:**

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

2315 N. W. 107TH AVENUE BOX 133 DORAL, FL 33172

### **Current Mailing Address:**

2315 N. W. 107TH AVENUE **BOX 133** DORAL, FL 33172

#### FEI Number: 20-3896608

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CURE FABIOLA 433 SW 21 RD MIAMI, FL 33129 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:

Officer/Director Detail :			
Title	DP	Title	DST
Name	TADEU PEREIRA, RUBENS	Name	PEREIRA, RUBENS TJR.
Address	2335 N. W. 107TH AVENUE, BOX 133	Address	2335 N. W. 107TH AVENUE, BOX 133
City-State-Zip:	DORAL FL 33172	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

MGR

## FILED Feb 01, 2017 Secretary of State CC6355924730

Date

Certificate of Status Desired: No