

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000057556

**Entity Name:** AEONS CENTRO DE ADMINISTRACAO DE EMPRESAS, INC.

**Current Principal Place of Business:**

3301 BAYSHORE BLVD,  
809  
TAMPA, FL 33629

**Current Mailing Address:**

P.O. BOX 10463  
TAMPA, FL 33679-0463 US

**FEI Number: 71-1003135**

**Certificate of Status Desired:** No

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

RICE, OWEN  
3301 BAYSHORE BLVD,  
809  
TAMPA, FL 33629 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           | D                   | Title           | DIRECTOR              |
| Name            | RICE, OWEN          | Name            | RICE, ALAN WATSON DR. |
| Address         | P.O. BOX 10463      | Address         | 424 EAST MAIN STREET  |
| City-State-Zip: | TAMPA FL 33679-0463 | City-State-Zip: | GROVE CITY PA 16127   |

*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: OWEN RICE**

**DIRECTOR**

**04/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date