

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088694

Entity Name: JUDITH AYA DE CIFUENTES CORP.**Current Principal Place of Business:**355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134**Current Mailing Address:**355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US**FEI Number:** 26-0665375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GURIAN, JORGE
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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	AYA DE CIFUENTES, JUDITH
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	SD
Name	CIFUENTES AYA, HECTOR
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	SD
Name	CIFUENTES AYA, SERGIO
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

Title	SD
Name	CIFUENTES AYA, CLAUDIA
Address	355 ALHAMBRA CIRCLE SUITE 801
City-State-Zip:	CORAL GABLES FL 33134

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: JUDITH AYA DE CIFUENTES**PRESIDENT****04/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date