

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013870

Entity Name: GUILLERMO NARVARTE INC.

Current Principal Place of Business:

1291 BROAD ST WEST
LEHIGH ACRES, FL 33936

Current Mailing Address:

PO BOX 2196
BONITA SPRINGS, FL 34133

FEI Number: 26-3865350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NARVARTE, GUILLERMO MD
1291 BROAD ST WEST
LEHIGH ACRES, FL 33936 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 P
Name NARVARTE, GUILLERMO MD
Address 1291 BROAD ST WEST
City-State-Zip: LEHIGH ACRES FL 33936

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: GUILLERMO NARVARTE MD

P

01/20/2017

Electronic Signature of Signing Officer/Director Detail

Date