

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000039727

**Entity Name:** VIPWAY AMERICA CORP.**Current Principal Place of Business:**8001 NW 64TH STREET  
MIAMI, FL 33166**Current Mailing Address:**8001 NW 64TH STREET  
MIAMI, FL 33166 US**FEI Number:** 75-3268280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADR ACCOUNTING SERVICES CORP  
4699 N. FEDERAL HWY  
STE 109E  
POMPAN0 BEACH, FL 33064 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            | CONSONI, VALMIR CLAUDIO |
| Address         | 8001 NW 64TH STREET     |
| City-State-Zip: | MIAMI FL 33166          |

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | CONSONI, EMERSON CARLOS |
| Address         | 8001 NW 64TH STREET     |
| City-State-Zip: | MIAMI FL 33166          |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | CEZAR TURRI, CLAUDIO |
| Address         | 8001 NW 64TH STREET  |
| City-State-Zip: | MIAMI FL 33166       |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | ESPINOZA, DEMETRIO A |
| Address         | 8001 NW 64TH STREET  |
| City-State-Zip: | MIAMI FL 33166       |

*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:** VALMIR CLAUDIO CONSONI

PD

01/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date