

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000054182

Entity Name: THE FACTOR INC.

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE # 520
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD.
SUITE # 520
CORAL GABLES, FL 33134 US

FEI Number: 27-2938856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARBONELL, ANA
999 PONCE DE LEON BLVD.
SUITE # 520
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 DP
Name CARBONELL, ANA
Address 999 PONCE DE LEON BLVD.
SUITE 520
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: ANA CARBONELL

DP

04/08/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date