

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072524

**Entity Name:** HEADQUARTER ORLANDO MANAGEMENT, INC.

**Current Principal Place of Business:**

17700 STATE ROAD 50  
CLERMONT, FL 34711

**FILED**  
**Jan 10, 2018**  
**Secretary of State**  
**CC2353738445**

**Current Mailing Address:**

5895 N.W. 167 STREET  
HIALEAH, FL 33015 US

**FEI Number: 27-3387126**

**Certificate of Status Desired: No**

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

SERRA, JUDY L. FARCUS  
5895 N.W. 167 STREET  
HIALEAH, FL 33015 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                   | Title           | DS                   |
| Name            | ESTEVE, JERONIMO M   | Name            | ESTEVE, YAZMIN B     |
| Address         | 5895 N.W. 167 STREET | Address         | 5895 N.W. 167 STREET |
| City-State-Zip: | HIALEAH FL 33015     | City-State-Zip: | HIALEAH FL 33015     |

*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: JERONIMO M. ESTEVE**

**P**

**01/10/2018**

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

\_\_\_\_\_  
Date