

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000006523

Entity Name: CABOCHON OF SUNNY ISLES, INC.

Current Principal Place of Business:

18660 COLLINS AVE.
SUITE 104
SUNNY ISLES, FL 33160

Current Mailing Address:

18660 COLLINS AVE.
SUITE 104
SUNNY ISLES, FL 33160

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALAZRACHI, NATALIE
20775 NE 32 PLACE
AVENTURA, FL 33180 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	PT	Title	VP S
Name	ALAZRACHI, NATALIE	Name	THOMAS, JOYCE
Address	20775 NE 32 PLACE	Address	20775 NE 32 PLACE
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

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: NATALIE ALAZRACHI

PT

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date