

**2016 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

**PRESIDENT**

**04/18/2016**

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

\_\_\_\_\_  
Date