

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000038384

**Entity Name:** AMLIV PROFESSIONAL GROUP, CORP.

**Current Principal Place of Business:**

11699 NW 89 CT  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

11699 NW 89 CT  
HIALEAH GARDENS, FL 33018

**FEI Number:** 46-2264682

**Certificate of Status Desired:** No

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

ALCOBA & ASSOCIATES, P.A.  
3399 NW 72 AVENUE  
STE. 211  
MIAMI, FL 33122 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            P  
Name            MARTIN, LEYANE  
Address        11699 NW 89 CT  
City-State-Zip: HIALEAH GARDENS FL 33018

Title            VP  
Name            LEYANE MARTIN  
Address        11699 NW 89 CT  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** LEYANE MARTIN

**PRESIDENT**

**03/20/2017**

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

\_\_\_\_\_  
Date