

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000001952

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC4391505705**

**Entity Name:** INGRID SHAWN CORPORATION

**Current Principal Place of Business:**

2819 31ST STREET N  
ST PETERSBURG, FL 33713

**Current Mailing Address:**

PO BOX 12394  
ST PETERSBURG, FL 33733 US

**FEI Number:** 46-1710933

**Certificate of Status Desired:** No

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

RODRIGUEZ, INGRID S  
2819 31ST STREET N  
ST PETERSBURG, FL 33713 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 RODRIGUEZ, INGRID S  
Address PO BOX 12394  
City-State-Zip: ST PETERSBURG FL 33733

Title TREA  
Name RODRIGUEZ, INGRID S  
Address PO BOX 12394  
City-State-Zip: ST PETERSBURG FL 33733

*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:** INGRID SHAWN RODRIGUEZ

**PRES**

**03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date