

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000020081

**Entity Name:** CNM OF AMERICA, INC.

**Current Principal Place of Business:**

150 S.E. 2 AVE.  
#1010  
MIAMI, FL 33131

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC1940359924**

**Current Mailing Address:**

200 BISCYANE BLVD. WAY  
#4510  
MIAMI, FL 33131 US

**FEI Number:** 98-1094837

**Certificate of Status Desired:** No

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

BOLOGNA, STEFANIA ESQ  
150 SE 2ND AVE, SUITE 1010  
MIAMI, FL 33131 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            D  
Name            D'AGOSTINO, GUGLIELMO  
Address        200 BISCYANE BLVD. WAY  
                  #4510  
City-State-Zip: MIAMI FL 33131

*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:** D'AGOSTINO , GUGLIELMO

D

05/01/2017

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

\_\_\_\_\_  
Date