

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000068870

Entity Name: ARAGON GRAND BAY CORP**Current Principal Place of Business:**1600 PONCE DE LEON BLVD
SUITE 1001
CORAL GABLES, FL 33134**Current Mailing Address:**1600 PONCE DE LEON BLVD
SUITE 1001
CORAL GABLES, FL 33134**FEI Number:** 39-2080749**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANZOLA, AMERICO
1600 PONCE DE LEON BLVD
SUITE 1001
CORAL GABLES, FL 33134 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	SEVERINO, LARA
Address	1600 PONCE DE LEON BLVD., SUITE 1001
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	ANZOLA-SEVERINO, AMERICO J
Address	1600 PONCE DE LEON BLVD., SUITE 1001
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	ANZOLA, AMERICO
Address	1600 PONCE DE LEON BLVD., SUITE 1001
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	ANZOLA-SEVERINO, LARISSA
Address	1600 PONCE DE LEON BLVD., SUITE 1001
City-State-Zip:	CORAL GABLES FL 33134

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: AMERICO ANZOLA**MR****04/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date