

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000003910

**Entity Name:** FEMAGUSRO COMPANY

**Current Principal Place of Business:**

2655 LEJEUNE RD STE 316  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 LEJEUNE ROAD,  
SUITE 316  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-4586949

**Certificate of Status Desired:** No

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

FLORIDA COMPANY REGISTRY INC  
2655 LEJEUNE ROAD  
SUITE 316  
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 PD  
Name YANEZ, MARCELA  
Address 19234 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI FL 33149

Title VSD  
Name RAVERA, FERNANDO  
Address 19234 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI, FL 33149

Title D  
Name YANEZ, GABRIELA  
Address 2655 LEJEUNE RD STE 316  
City-State-Zip: CORAL GABLES FL 33134

Title AS  
Name FREED, OWEN S  
Address 2655 LEJEUNE ROAD, SUITE 316  
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:** OWEN S. FREED

AS

03/16/2015

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

\_\_\_\_\_  
Date