

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000027773

**Entity Name:** ONE EMBLEMS CORP.

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BLVD.  
STE 2490  
MIAMI, FL 33131

**Current Mailing Address:**

2 SOUTH BISCAYNE BLVD.  
STE 2490  
MIAMI, FL 33131 US

**FEI Number:** 46-5208478

**Certificate of Status Desired:** No

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

GALGANO MIAMI CORP.  
2 SOUTH BISCAYNE BLVD.  
STE 2490  
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:** NICHOLAS C. SHIDDELL

**03/28/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SOMASCHINI, ATTILIO SR.  
Address 2 SOUTH BISCAYNE BLVD.  
STE 2490  
City-State-Zip: MIAMI FL 33131  
  
Title VPD  
Name SOMASCHINI, ALESSANDRA MRS.  
Address 2 SOUTH BISCAYNE BLVD.  
STE 2490  
City-State-Zip: MIAMI FL 33131

Title VPD  
Name SOMASCHINI, LUCA MR.  
Address 2 SOUTH BISCAYNE BLVD.  
STE 2490  
City-State-Zip: MIAMI FL 33131  
  
Title ST  
Name ANCIDEI, ALBERTO MR.  
Address 2 SOUTH BISCAYNE BLVD.  
STE 2490  
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:** ATTILIO SOMASCHINI

**PD**

**03/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date