

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000050309

**FILED**  
**Jun 29, 2017**  
**Secretary of State**  
**CC5647858667**

**Entity Name:** MABLUM ESTATES CORP

**Current Principal Place of Business:**

1805 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1805 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-1231292

**Certificate of Status Desired:** No

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

JLG CORPORATE SERVICE INC.  
1805 PONCE DE LEON BLVD  
SUITE 400  
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:** JORGE L. GURIAN, ESQ.

06/29/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BLUM, MARICEL  
Address 1805 PONCE DE LEON BLVD  
SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name LLORENTE BLUM, DANIELA  
Address 1805 PONCE DE LEON BLVD  
SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name LLORENTE BLUM, GREGORIO  
Address 1805 PONCE DE LEON BLVD  
SUITE 400  
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:** MARICEL BLUM

**PRESIDENT**

06/29/2017

Electronic Signature of Signing Officer/Director Detail

Date