

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000078204

**Entity Name:** ELBRUS MANAGEMENT FOUR INC.**Current Principal Place of Business:**201 SOUTH BISCAYNE BLVD  
SUITE 1500 (LAD)  
MIAMI, FL 33131**Current Mailing Address:**201 SOUTH BISCAYNE BLVD  
SUITE 1500 (LAD)  
MIAMI, FL 33131**FEI Number:** 47-2128768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD  
SUITE 1600 (LAD)  
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	CEO
Name	HORWITZ, VIOLETA
Address	201 SOUTH BISCAYNE BLVD SUITE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

Title	PRESIDENT
Name	PERO, ALFONSO
Address	201 SOUTH BISCAYNE BLVD SUITE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	ALLIENDE, CRISTIAN
Address	201 SOUTH BISCAYNE BLVD SUITE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

Title	TREASURER
Name	SOLARI, ANDRES
Address	201 SOUTH BISCAYNE BLVD SUITE 1500 (LAD)
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	DE ARMAS, LUIS A.
Address	201 SOUTH BISCAYNE BLVD SUITE 1500 (LAD)
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:** DE ARMAS, LUIS A.**SECRETARY****03/04/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date